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ABSTRACT

In 1993, "Signs of Effectiveness in Preventing Alcohol and Other Drug Problems" appeared. It addressed alcohol and other drug use as a health problem influenced by risk factors in five life spheres or domains: individual, family, school, peer group, and community. Like its predecessor, "Signs of Effectiveness II" reports on promising prevention strategies implemented in communities throughout the United States by Center for Substance Abuse Prevention's (CSAP) High-Risk Youth Demonstration grantees. Each project, which is profiled here, has been in operation long enough to provide an experience base that can be a resource to others. Some of the programs offer positive outcome data, while others, in spite of limited results, enjoy recognition in their communities as important, meaningful, and valued approaches. The main text is divided into the five major domains noted above. In each of these sections there is a description of factors that place youth at high risk for use of alcohol, tobacco, or other drugs; promising strategies that address these risk factors; and illustrations of effective strategies that have been implemented. The text contains numbered citations of specific curriculums, researchers, and program materials. The notes also provide contact information. There is detailed information about each of the High-Risk Youth Demonstration Grants, with names and addresses of people to notify for more information. (RJM)

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# SIGNS OF EFFECTIVENESS II

## *Preventing Alcohol, Tobacco, and Other Drug Use: A Risk Factor/ Resiliency-Based Approach*

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# SIGNS OF EFFECTIVENESS II

## Preventing Alcohol, Tobacco, and Other Drug Use: A Risk Factor/Resiliency-Based Approach


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Many people contributed to the preparation of *Signs of Effectiveness II: Preventing Alcohol, Tobacco, and Other Drug Use: A Risk Factor/Resiliency-Based Approach*, and we want to take this opportunity to acknowledge their efforts.

This edition was prepared by the staff of The CDM Group, Inc., under Contract No. 277-92-3004. The original document upon which this revision is based was developed by Macro International Inc. under Contract No. ADM-SA-88-005.

Several people have made substantive contributions to the conceptualization, organization, writing, and editing of this document. They include Tommie Johnson, Deputy Chief, High-Risk Youth Branch, CSAP, and Anna Barrett Hodgson, M.A., The CDM Group, Inc.

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## FOREWORD

It is with great pleasure and pride that the Center for Substance Abuse Prevention (CSAP) presents *Signs of Effectiveness II: Preventing Alcohol, Tobacco, and Other Drug Use: A Risk Factor/Resiliency-Based Approach*, a revised and expanded edition of *Signs of Effectiveness in Preventing Alcohol and Other Drug Problems*. Like its predecessor, *Signs of Effectiveness II* reports on promising prevention strategies implemented in communities throughout the United States by CSAP's High-Risk Youth Demonstration grantees.

These pages offer tangible proof that in schools, churches, youth organizations, and community halls, we are making significant headway in the struggle to offer America's young people healthy, responsible alternatives to dependence on alcohol, tobacco, and other drugs. In many ways, however, today's social environment is not conducive to steady progress: one in four of our Nation's children live with only one parent. Nearly 20 percent of our adolescents are in families whose income falls below the poverty level. And in neighborhoods of every racial, religious, and economic composition, our youth are being exposed not only to the risk of substance abuse, but also to the risks of such related problems as school failure and dropout, adolescent pregnancy, involvement with the juvenile justice system, and lack of career possibilities.

CSAP's seven years of demonstration program experience has yielded a great deal of theoretical and practical knowledge about the personal, family, school, peer, and community factors that place children and teenagers at risk; about countervailing factors that can protect them from the risks; about community-based, street-based, hands-on strategies that help young people make self-affirming choices; and about essential principles that should apply to any drug prevention initiative, regardless of its size, duration, or locale.

We are engaged here in a long-term process of incremental learning and concerted private- and public-sector action. In a spirit of collaboration, we are sharing with you, our partners in prevention, the interim findings of CSAP's High-Risk Youth Demonstration Grant efforts to date, along with brief program descriptions illustrating the breadth and intensity of the work being conducted in CSAP-sponsored projects in every region of the country.

We know that approximately 25 percent of our Nation's 30 million adolescents are at serious risk for a number of adverse outcomes. We know too, however, that timely, comprehensive, well-designed programs staffed by trained and

compassionate practitioners can make a remarkable difference in the character and resolve of individuals, in the binding strength of families, and in the spirit and helping power of communities.

We know, in other words, that prevention works.

Elaine M. Johnson, Ph.D.
Director
Center for Substance Abuse Prevention

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## INTRODUCTION

In 1993, The Center for Substance Abuse Prevention (CSAP) published *Signs of Effectiveness in Preventing Alcohol and Other Drug Problems*, which provided important new directions in substance use and abuse prevention by emphasizing alcohol and other drug use as a health problem influenced by risk factors in five life spheres or domains–*individual, family, school, peer group, and community*. In each of the five risk domains, specific risk factors were identified, along with appropriate intervention strategies and samples of projects CSAP has funded that use these interventions. As CSAP continues to fund projects targeting youth at high risk, it gains additional insight into the many different approaches that are useful for the diverse populations it serves.

This publication, *Signs of Effectiveness II: Preventing Alcohol, Tobacco, and Other Drug Use: A Risk Factor/Resiliency-Based Approach*, continues where the first ended. Forty-five more examples of CSAP programs are provided. There is detailed information about each of the High-Risk Youth Demonstration Grants, with names and addresses of people to contact for more information. This document can become part of an information network so those working in the field of prevention can read about promising programs and can contact them for more information. CSAP views dissemination of the lessons from its demonstration grants as critical, and *Signs of Effectiveness II* is a key part of CSAP's dissemination strategy.

Each project included in *Signs of Effectiveness II* was selected because it exemplified a particular approach or strategy. Each has been well implemented and has been in operation long enough to have an experience base that can be a resource to others. Some of the programs have positive outcome data. Others, in spite of only limited outcome data, enjoy recognition in their communities as important, meaningful, and highly valued programs.

The following paragraphs describe how to use this book to look for specific types of information.

The main text, Signs of Effectiveness in Center for Substance Abuse Prevention High-Risk Youth Demonstration Grant Programs, is divided into the five major domains, noted above, that affect youth. In each of these sections there is a description of factors that place youth at high risk for use of alcohol, tobacco, or other drugs; promising strategies that address these risk factors; and illustrations of effective strategies implemented by the High-Risk Youth Demonstration Grants.

The text contains numbered citations of specific curriculums, researchers, and program materials, which are described more fully in Reference Notes (page 32). The notes also provide contact information.

The Program Index (page 43) and Program Strategies Index (page 45) provide cross-references by grant number, program name, page number, and strategy.

Appendix A consists of a matrix and contact list of active and inactive programs that were selected for this book to illustrate particular strategies. The matrix highlights interventions and basic demographic data about the programs.

Appendix B consists of a matrix and contact list for all other CSAP High-Risk Youth Demonstration Grant programs, active and inactive.

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# SIGNS OF EFFECTIVENESS IN CENTER FOR SUBSTANCE ABUSE PREVENTION HIGH-RISK YOUTH DEMONSTRATION GRANT PROGRAMS

This report presents a conceptual model for identifying risk factors for alcohol, tobacco, and other drug problems. It also presents examples of promising strategies for addressing these risk factors as demonstrated by grantees funded by the Center for Substance Abuse Prevention (CSAP) under the Division of Demonstrations for High-Risk Populations (DDHRP) High-Risk Youth Demonstration Grant Program. The strategies demonstrated by these projects address one or more risk factors found in five major risk factor categories: (1) individual, (2) family, (3) school, (4) peer group, and (5) community. A discussion of the strategies used by the demonstration grantees has been organized according to these categories of risk factors that place the Nation's youth at risk for alcohol, tobacco, and other drug (ATOD) use. Many grantees developed complex strategies that addressed multiple risk factors in more than one risk factor category; for the sake of simplicity, the examples selected for this report illustrate responses to single risk factor groupings.

## BACKGROUND

The use of alcohol, tobacco, and other drugs (ATOD) by young people in the United States must be seen as one strand in a dense fabric of social ills that include

- high rates of school failure and dropout;
- widespread teenage unemployment, especially among minority youth;
- teen pregnancy and parenthood;
- addicted babies born to ATOD-using mothers;
- adolescent depression and self-inflicted violence, including suicide;
- increasing incidence of AIDS among young adults, often as a result of drug use or sexual activity during the teenage years;
- domestic violence and child abuse, neglect, and abandonment;
- hundreds of thousands of latchkey children and runaway and homeless youth;
- preadolescent and adolescent gang activity; and
- neighborhood crime and violence.

These social problems are often intricately linked to one another and frequently involve the same young people.

The problems are part of the changing fabric of society, in which there is a high level of divorce, a general decrease in family and community cohesion, a significant increase in the number of families in which both parents are employed outside the home, high rates of immigration in recent years, a decrease in the number of available blue-collar jobs, and a shortage of available low-income housing.

No single government initiative can hope to address all these problems. However, CSAP's High-Risk Youth Demonstration Grant Program has been funding community-based organizations, schools, and other nonprofit organizations in an effort to develop and field test innovative approaches aimed at preventing ATOD use and helping young people make healthy, productive, self-affirming life choices.

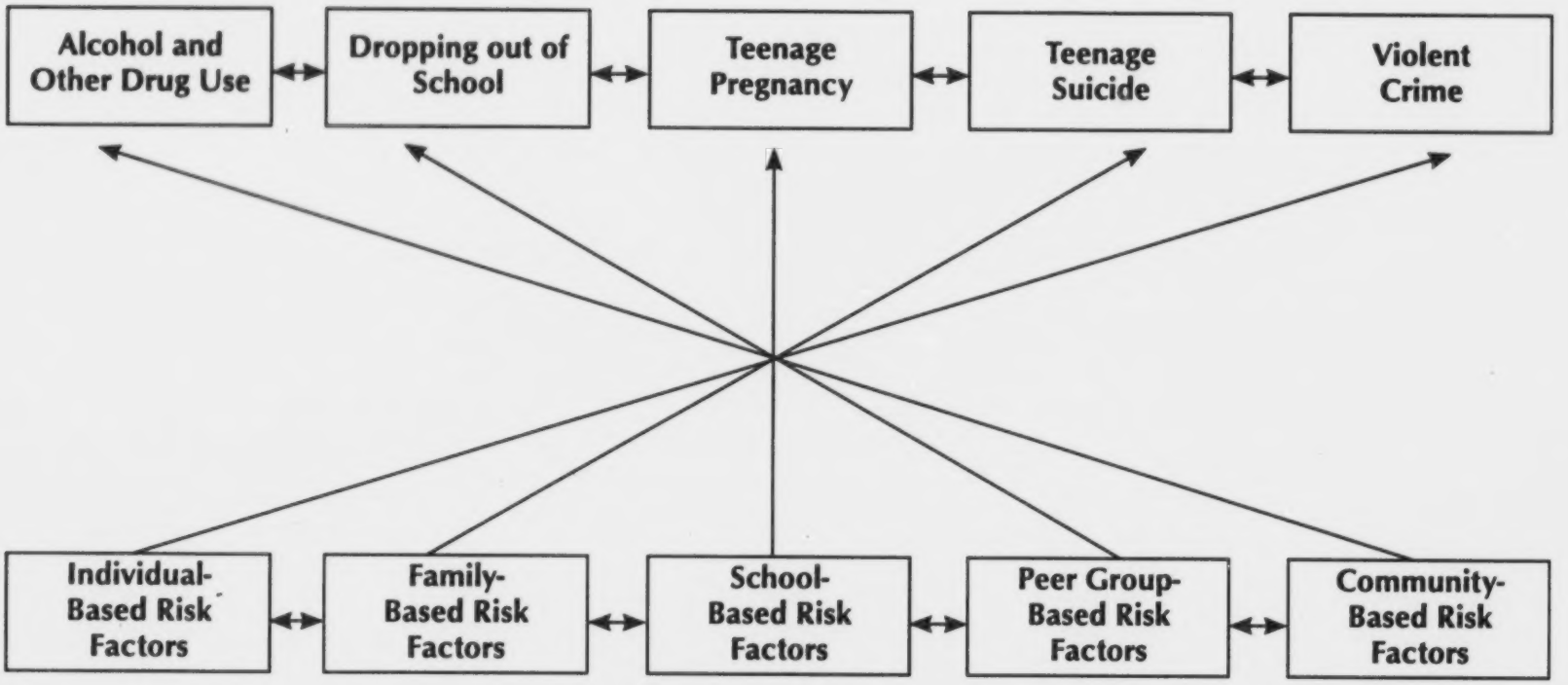
Since this program's inception in 1987, it has provided support to community-based grantees to design, implement, and evaluate strategies directed at the individual, family, school, peer group, and community levels. The aim is to decrease the factors that place youth at risk for ATOD use and to enhance the factors that protect and bolster the resilience of young people.

- Eighty percent of the CSAP-funded High-Risk Youth Demonstration Grants included in this report have targeted **individual**-based risk factors, with interventions such as social and life skills training, tutoring, career awareness, and alternative activities.
- Sixty percent have targeted **family**-based risk factors, with strategies such as family life and parenting skills training.
- Forty-five percent have targeted **school**-based risk factors, at times making use of ombudspersons or advocates to represent youths at high risk before the school administration and community agencies.
- Fifty percent have addressed the problem of negative **peer group** influence through such means as peer support groups, resistance skills training, and correction or perception of peer norms.
- Sixty percent have targeted the broader **community** through efforts to enhance cultural pride, orient clients and their families to available community resources, and provide youths with opportunities for performing community service or interacting with community elders.



Typical CSAP/DDHRP grant projects address multiple risk factors because the etiology of ATOD use is complex and requires complex strategies with multiple-level interventions.

## WEB OF INFLUENCE



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## INDIVIDUAL-BASED RISK FACTORS

The following have been identified as some of the individual-based risk factors that place youths at risk for ATOD use:

- Inadequate life skills.
- Lack of self-control, assertiveness, and peer-refusal skills.
- Low self-esteem and self-confidence.
- Emotional and psychological problems.
- Favorable attitudes toward ATOD use.
- Rejection of commonly held values and religion.
- School failure.
- Lack of school bonding.
- Early antisocial behavior, such as lying, stealing, and aggression, particularly in boys, often combined with shyness or hyperactivity.

### Promising Strategies for Individual-Based Risk Factors

Grantees have demonstrated a number of effective strategies for addressing individual-based risk factors associated with ATOD use.

#### Social and Life Skills Training

Social and life skills training programs help young people develop skills in communication, problem solving, and decision making; control anger and aggressive impulses; identify and understand complex feelings and emotions; and acquire or refine basic household skills. Approximately 50 percent of CSAP's High-Risk Youth Demonstration Grant projects have offered researched social and life skills training components. These projects include

- Botvin's Life Skills Training Program;[1]
- Perry's Amazing Alternatives Program;[2]
- Schinke and Gilchrist's Life Skills Programs;[3]
- Spivack and Shure's MEPS and PIPS Interpersonal Social Skills;[4]
- Hawkins' Preparing for the Drug-Free Years Program;[5] and
- Hansen and Pentz's SMART,[6] STAR,[7] and I-STAR[8] projects.

*Program Examples*

***Lutheran Child and Family Services of Michigan*** target youths at high risk, primarily African American and ranging in age from 5 to 18, who live in foster care and other out-of-home placements. To enhance the youths' social and life skills, the grantee conducts prevention and early intervention groups to help youths acquire the knowledge and skills to make responsible decisions about their lives. Participants attend twelve 2-hour sessions that focus on a wide range of topics, including self-awareness, family, ATOD information, self-esteem, conflict resolution and communication, goal setting, and making choices about leisure time and friends. The program conducts youth support groups for those who have completed the intervention groups. (For more information see Grant #1212 in appendix A.)

The ***Young Latinas Substance Abuse Prevention Project*** serves Hispanic girls aged 10 to 14 living in Boston. The four community-based organizations implementing the program offer a variety of activities, including educational workshops, tutoring sessions, and recreational programs. Each activity is designed to fulfill specific objectives, such as increasing knowledge of sexually transmitted diseases, including HIV/AIDS; maintaining or increasing self-esteem; increasing awareness of life choices and alternatives; and improving youth-guardian communication. The social and life skills component involves working with the girls around the issues of peer pressure and conflicts. Each participant is taught how to address peer pressure by developing decision-making and refusal skills. (For more information see Grant #2544 in appendix A.)

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## Alternative Activities

Tobler's[9] meta-analysis of prevention programs has shown that alternative programs are highly effective in reducing ATOD use among teenagers at high risk of dropping out of school. One such activity offered by a number of CSAP-funded local projects is the experiential wilderness or modified Outward Bound experience, which is designed to increase self-esteem and self-confidence in young people and hence to alter other behaviors associated with increased risk for ATOD use.

*Program Example*

***Project Nuevo Ser*** in San Juan, Puerto Rico, has targeted youths residing at three residential centers and public housing developments. The program places these youths in an environment that offers appealing alternative activities to those offered by ATOD-using peers. An individualized program of sports activities is developed for each of the participants. This program includes general physical fitness, team sports, swimming, and recreational activities, including martial arts, music, and drama. In addition, all youths participating in the program have the

opportunity to participate in educational workshops, where emphasis is placed on the development of basic social and coping skills in the areas of communication, decision making, and problem solving. (For more information see Grant #1404 in appendix A.)

## Individual or Group Therapy or Counseling

Some individual-based risk factors may be effectively addressed by individual or group therapy or counseling.

### *Program Examples*

The ***Comprehensive Student Assistance in Residential Settings Program*** in Ardsley, New York, provides comprehensive Alcohol and Other Drug (AOD) use prevention, assessment, counseling, and referral services to youths who live in seven residential facilities. A professional student assistance counselor in each facility works with students individually, in small groups, and in classroom and cottage prevention activities. In addition, counselors train residential facility staff to identify students with AOD use problems and those at high risk for these problems. Treatment teams are trained to modify treatment plans to meet the needs of children of AOD abusers and adolescent chemical abusers. (For more information see Grant #618 in appendix A.)

The ***Youth Health Service Inc. Substance Abuse Prevention/Intervention for Rural Youth Program*** serves predominantly White middle and high school youths in five rural, isolated, and economically disadvantaged Appalachian communities in West Virginia. Three steps in the assessment process are used to support the primary program components of early identification and risk assessment. The three levels of initial risk assessment are as follows: (1) a case manager takes a psycho-medical-legal-social history and administers an initial battery of tests and questionnaires; (2) a psychologist administers a battery of psychological tests; and (3) an independent, contractual, licensed psychologist conducts a mental status evaluation. Internal or external referrals are made after assessment. Support counseling services include individual counseling, group counseling, and family interventions. (For more information see Grant #1246 in appendix A.)

## Tutoring and Homework Support Activities

A significant number of demonstration projects offer tutoring or homework supervision. Teachers, parent volunteers, members of the general community, and older students provide these services.

*Program Example*

In an effort to enhance youths' academic success, the ***Perth Amboy Latino Youth Program*** has established tutoring sites throughout the community, implemented a parent tutoring program (helping parents help their children), expanded an existing alternative education program to include an in-school program for expectant teenaged and older mothers, established a districtwide teacher and staff enrichment program and training regarding the role of culture in relation to the educational and social goals of the school, and created an Amigos program focused on peer tutoring. In addition, the program also has implemented a Companeros program, to ease transition from middle school to high school and reduce the potential for dropping out. Although the focus of the program is primarily on newly arrived immigrants from Latin America, all youths in need of this intervention are served. (For more information see Grant #1479 in appendix A.)

## Mentoring Programs

Many high-risk youths, including children of ATOD-abusing parents, need positive role models and adult encouragement to achieve their potential. Approximately 10 percent of the grant projects include mentoring components. Staff members have recruited high school and college students, community volunteers, and concerned parents to work with participating youths. In some communities, the mentoring relationship extends beyond that of adviser. Mentors are often surrogate nurturers, and the mentoring relationships provide positive role models and nurturing often lacking in the family environments of the youths.

*Program Example*

***S.T.A.R.S.*** is a comprehensive ATOD and dropout prevention program in the Schertz-Cibolo-Universal City, Seguin, Navarro, and Marion independent school districts in south central Texas. One component of the program provides students with community contacts, positive role models, and incentives to become productive, ATOD-free community members. The community assistance component, a supplement to student and parent support groups, is composed of a Citizens Advisory Committee of representatives of local businesses, city and county governments, and community and professional organizations. Committee members act as mentors, and each spends at least 4 hours a month with his or her designated student. Mentors act as role models, friends, and advisers to students. (For more information see Grant #1756 in appendix A.)

*Intergenerational Mentoring*

***Across Ages*** uses adults, aged 55 and over, as mentors for sixth-grade students in three Philadelphia middle schools. The mentors are involved in school-based programs as well as after-school and summer programs. Through ongoing training, mentors learn strategies for promoting social competence and enhancing youths' ability to resist ATOD experimentation or use. By acting as advocates, challengers, nurturers, and role models, elders can help vulnerable youths develop a sense of competence about coping more effectively with the hazards that routinely put them in jeopardy. To a child who perceives few choices, an adult offers a broader life perspective that provides continuity from the past to the present and the future. (For more information see Grant #2779 in appendix A.)

*Mentoring/Surrogate Nurturers*

At the center of the ***Ojibwe Trails Project*** is the project director, who in many ways acts as a caring grandfather to the program participants, aged 5 to 14. The project director carries out after-school activities with each age group twice each week: sports on the first afternoon and cultural activities on the second. In addition, the director has built up a strong support group of local people who work with him in group activities. Children in the program are recognized for their good behavior, and a number of them have emulated the project director, a retired marine, by joining the armed services. (For more information see Grant #391 in appendix A.)

Alaska's ***RurAL CAP/Fort Yukon Youth Survivors' Project*** serves Alaska Native adolescents. The project supplies mentors to teach them cultural values and traditional Alaska Native survival and subsistence skills, such as fishing, beading, trapping, toboggan making, and sewing. Children are placed in groups of four or five in order to receive individualized nurturing and attention from the mentors. (For more information see Grant #1101 in appendix A.)

## FAMILY-BASED RISK FACTORS

The earliest and most enduring influence on a child is the family. Being the child of an alcoholic or a drug abuser or having a family history of alcoholism or drug abuse places a child at serious risk of ATOD use. Youths with a large number of ATOD-abusing relatives are especially vulnerable to becoming ATOD users themselves. The reasons for the increased vulnerability appear to be both genetic and psychosocial.

Studies have revealed a number of family-based risk factors for ATOD use, including the following:

- **Family conflict and domestic violence.** These factors are manifested by high levels of negative family communication, such as name calling, harsh criticism, threats, fights, and power struggles.
- **Family disorganization.** This is evidenced, for example, by a lack of family rituals.
- **Lack of family cohesion.** Poor family bonding between parents and children and among siblings is often seen in ATOD-abusing families.
- **Social isolation of family.** ATOD-abusing families have been found to have fewer social supports in the community. Social isolation is exacerbated by a high level of family mobility, which also interferes with the ability of the young to bond with the school.
- **Heightened family stress.** On one hand, ATOD abuse often produces financial and career strains that add to the level of family stress. On the other, financial and career stress can increase ATOD use.
- **Family attitudes favorable to drug use.** Some parents believe that ATOD use helps them reduce stress, have fun, or cope with life. This positive attitude toward ATOD use is transmitted to the young and reduces barriers against ATOD use.
- **Ambiguous, lax, or inconsistent rules and sanctions regarding ATOD use.** Children and adolescents are usually more vulnerable when parents do not have a clear policy about ATOD use and do not enforce this policy with sanctions.
- **Poor child supervision and discipline.** These include the failure to set clear expectations for behavior, poor parent-child interactions, and excessive or inconsistent punishment.
- **Unrealistic expectations for development.** Some parents, especially ATOD-abusing parents, have expectations that are beyond their children's talents or age. This may result in angry, punitive parents and children with low self-esteem.

## Promising Strategies for Family-Based Risk Factors

A number of interventions have been shown to be effective in reducing family risk factors by strengthening the AOD-involved family.

### Family Therapy

A number of CSAP family therapy programs for children of ATOD abusers are based on the best researched family therapy programs, such as structural and functional family therapy. Szapocznik and associates[10] at the University of Miami have combined family therapy with bicultural effectiveness training, which has been successful in reducing family risk factors for ATOD abuse in acculturating Hispanic families to life in the United States. This family therapy model and similar approaches are being used in several CSAP family therapy programs.

#### *Program Examples*

The ***Shenandoah in Action Project*** targets 1,200 children at high risk from immigrant Hispanic families attending an inner-city elementary school in a predominantly Hispanic area of Miami, Florida. This AOD use prevention project consists of multiple, comprehensive, intensive interventions at five levels: (1) the child, (2) the family, (3) the peer group, (4) the school, and (5) the immediate surrounding neighborhood. It aims at enhancing the factors affecting the child that will provide environmental conditions to reduce risk and promote resilience. Family therapy is an integral part of the family intervention. Parent networks are formed and enabled to develop natural parent support groups to protect the children from AOD use, involvement in gangs, violence, delinquency, and dropping out of school, especially when the children are in transition to middle school. The bicultural effectiveness training curriculum has been adapted for use with the parent support networks to help the parents understand and function effectively in the U.S. culture as well as in the various Hispanic cultures in the Miami area. The parents are active and empowered participants who work along with the project staff, reaching out to other parents and engaging them in the network. (For more information see Grant #4927 in appendix A.)



The project staff of ***Operation PAR, Inc.***, in Pinellas County, Florida, locate and counsel ATOD-using women who are pregnant or have preschool children. The program provides intensive case management for the women and therapeutic day care for their children. The early intervention, developmental child care services address the cognitive, social, and emotional development of children from 2 months to 5 years of age. The therapeutic day care services positively affected the school readiness of those children who graduated and entered public school kindergarten. (For more information see Grant #411 in appendix A.)

The ***Progressive Life Center*** targets African-American fifth and sixth graders and their families from two elementary schools in Northeast Washington, D.C. The center offers an Afrocentric psychological and educational approach to behavior and attitude change. In-home family therapy sessions, which are Afrocentrically based, are provided to youths and their families who have been identified by school officials and program staff as having difficulty with school performance, school behavior, family ATOD abuse, or mental health issues. Relevant issues such as sexual behavior, ATOD use, and school attendance and performance are discussed to help families develop and achieve goals in these arenas. Sessions are held weekly for 60 to 90 minutes for a 6- to 10-week cycle; if necessary, this schedule is extended. (For more information see Grant #1800 in appendix A.)

## Family Skills Training

Unlike family therapy, family skills training makes use of established curricula that can be implemented by individuals who are not professionally trained psychotherapists. Consequently, it is a less expensive group strategy. At least 10 High-Risk Youth Demonstration Grants offered the Strengthening Families Program, developed by Karol Kumpfer and associates[11] at the University of Utah, or the Nurturing Programs, developed by Stephen Bavolek and associates.[12]

### *Program Examples*

The ***University of Washington Program*** trains schoolteachers in basic instruction and classroom management skills for multiethnic primary school children in three public schools. The mission of the program is to create strong bonds to parents, school, and positive peers. The program also trains parents in family management skills and skills to promote their children's academic success. Through referral by teachers, families join the in-home services. These families at high risk receive additional support and in-home, one-on-one delivery of the parent-training curriculums to enhance skill acquisition, maintenance, and generalization. The in-home program uses two curriculums: the Parent and Child videotape series (five sessions) by Carolyn Webster-Stratton and How to Help Your Child Succeed in School by Developmental Research and Programs (five sessions). (For more information see Grant #1648 in appendix A.)

The ***Comprehensive Asian Youth Substance Abuse Prevention Project*** targets Chinese-, Chinese-Vietnamese-, and Vietnamese-American adolescents of both genders at high risk between 15 and 18 years of age. The project coordinates outreach interventions to the youths, their families, and their communities to decrease ATOD use and to help them maximize the use of the human service system and its resources. The outreach to parents and support groups offers weekly group sessions for 6 to 8 weeks. Meetings are in community settings that put the participants at ease and make them feel most comfortable. Parents are recruited through the involvement of their children in intercultural competence

and skills development groups. The parent education and support groups, through group participation, aim to increase parents' knowledge about ATOD use and abuse and improve parenting skills. Through parent education, the project also hopes to decrease intergenerational conflict and denial by parents about ATOD use by their children. The program uses bilingual ATOD educational materials. (For more information see Grant #3664 in appendix A.)

## Play Therapy

Black[13] and Learner have made play therapy one of the interventions of choice for young children of AOD-abusing parents.

### *Program Example*

The ***Escuelita Substance Abuse Primary Prevention Program*** provides ATOD use prevention services primarily to Mexican-American children at high risk, aged 3 to 5 years, and their families in San Antonio, Texas. The grantee uses a daily education and treatment program for the children, as well as a series of mandatory support meetings for parents of participating children. The daily preschool program uses a combination of curriculums focused on education, ATOD problem prevention, child abuse prevention, and cultural pride in order to decrease early signs of emotional, behavioral, developmental, and learning problems and to increase children's school readiness skills. The program's philosophy places an emphasis on maximizing positive reinforcement and establishing a nurturing classroom environment while incorporating therapeutic interventions from behavioral play therapy. (For more information see Grant #2597 in appendix A.)

## Parent Training Programs

Approximately half of CSAP's High-Risk Youth Demonstration Grants have implemented some form of parenting skills training, using models such as

- Patterson's Parenting Program;[14]
- Hawkins' Preparing for the Drug-Free Years Program;
- Boswell's Families in Focus Program;[15]
- Alvy's Confident Parenting Program for African Americans and Hispanics;[16]
- Gordon's Parent Effectiveness Training Program;[17] and
- Dinkmeyer and McKay's Systematic Training for Effectiveness Parenting (STEP) Program.[18]

*Program Examples*

The ***Inner-City Families in Action Program*** provides ATOD education and information to youths at high risk, their parents, and communities in two public housing projects in Atlanta, Georgia. The project is completing ***Family Values Education***, a manual that will be used to provide formal training on parenting skills. The program offers the Stork's Nest educational program for expectant and teen mothers. (For more information see Grant #1254 in appendix A.)

The ***CARE Project*** in Lancaster, Pennsylvania, offers parent and family activities at a local church. These activities are held one evening per month and include separate activities for children. Parents follow the STEP curriculum to learn such skills as appropriate disciplinary tactics, communication techniques, understanding of risk factors, and stress management procedures. (For more information see Grant #1295 in appendix A.)

The ***Multi-Level Substance Abuse Primary Prevention Program*** provides preschool children, aged 2 to 5 years, and their parents with life skills training and a corresponding social support system. Through an adaptation of the DARE To Be You community and parent training program, parents learn expectations for development in their children and authoritative discipline techniques. The program operates at multiple sites and serves four diverse communities that include Hispanic, Native American, African-American, Asian, and White populations, in both rural and urban settings. The program has exceptionally high retention rates for the parents who enroll, possibly because of an incentive program. Data are still being evaluated, but there are many anecdotal reports from parents who say their lives and their relationships with their children have improved because of this program. (For more information see Grant #1397 in appendix A.)



## Parent Involvement Programs

Even in cases in which it has been difficult to persuade adults who are ATOD abusers or who are at high risk to join a parent training or family skills training group, some CSAP grantees have succeeded in involving parents in youth activities by asking them to share their special talents with the group.

*Program Examples*

***West Dallas Community Centers, Inc.*** is a primary ATOD use prevention demonstration project that targets African-American youths at high risk aged 6 to 12. The Rites of Passage program is offered at five West Dallas Community Centers, three of which are located in housing developments. The program stresses parent involvement. Parents of participating youths are introduced to the Rites of Passage program through a 1-day orientation meeting. Meetings with program

mentors bring together parents of youths at high risk to discuss and plan youth and parent bonding activities, cultural field trips, and special forums addressing current health issues, including ATOD use, HIV/AIDS, and teen pregnancy. Parent workshops bring parents together for an 8-week series on child development, ATOD education, and self-image building. (For more information see Grant #1277 in appendix A.)

***The FAST Program*** began in Madison, Wisconsin, and uses a collaborative team to run multifamily groups of preschool, Head Start, elementary, and middle-school-aged children at risk for school failure, delinquency, and AOD use. The goal of FAST is to empower parents to be their children's primary prevention agents. The program supports the whole family in order to increase the chances of success for the child at risk. FAST builds positive bonds and strengthens relationships between mothers and their children, among mothers who are in similar circumstances, and between parents and professionals in the community. FAST has been successfully replicated in 12 States, in urban and rural schools, and with culturally diverse groups of families. (For more information see Grant #3699 in appendix A.)

## SCHOOL-BASED RISK FACTORS

The susceptibility of youth to ATOD use is often increased by risk factors in the school environment, such as the following:

- **Ambiguous, lax, or inconsistent rules and sanctions regarding drug use and student conduct.** According to D.C. Gottfredson,[19] ambiguous messages in the school climate concerning ATOD use increase the risk of use by students.
- **Favorable staff and student attitudes toward ATOD use.** Schools with norms that condone ATOD use are found to have higher overall ATOD use rates and higher use by better adjusted youth.
- **Poor student management practices.** School staff and teachers who have not learned behavioral and cognitive psychological principles for disciplining and rewarding students are more likely to encourage inappropriate behavior and to fail to reinforce positive behavior, such as resisting peer pressure to experiment with alcohol, tobacco, and other drugs.
- **Availability of alcohol, tobacco, and other drugs on the school premises.** Increased access to drugs at school increases the risk of ATOD use among vulnerable youths.
- **Lack of school bonding.** Students at risk who are less bonded to school and lack academic motivation are more likely to use alcohol, tobacco, and other drugs.



### Promising Strategies for School-Based Risk Factors

CSAP/DDHRP grantees have found the following school-based approaches useful in preventing ATOD use among the young.

#### Teaching Reform and Cooperative Learning

Restructuring the typical didactic teaching method to involve youths as active partners in the learning process enhances school bonding and, hence, reduces ATOD use rates. Cooperative learning models that are well grounded in research include Gottfredson's Project PATHE and Hawkins' and Catalano's prevention programs developed at the University of Washington.

*Program Examples*

The ***Child Development Project*** is extending a school- and home-based program that has been shown to have substantial effects on a number of risk and resilience factors among elementary school students to six new school districts, all of which contain youth at risk for ATOD use and other behavior problems. The project works to create a sense of community in the classroom, in the school at large, and between school and home by reshaping many elementary school practices. The project's key elements include a literature-based reading program, cooperative learning, an approach to discipline that relies on mutual problem solving, and activities that involve families in their children's learning. It is a pervasive program, meaning it is implemented schoolwide, in all classrooms, and permeates most or all aspects of school life. Over 4 years, project staff train school district personnel to guide and support the faculties of two schools in each district. Over 3 years, the faculties implement the classroom and schoolwide aspects of the program. Students in these schools are being compared with their counterparts in two other schools in each district; their academic, social, and ethical development is being monitored over time. (For more information see Grant #2647 in appendix A.)

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The ***Red Cliff Wellness Program*** curriculum promotes the cultural, emotional, and social growth of Native American youth to prevent ATOD use. The curriculum consists of 20 to 30 culturally appropriate classroom activities at each grade level. Activities for kindergarteners explore social values through the use of tribal teachings and legends. The focus is on sharing, respect, honesty, and kindness. Activities for first, second, and third graders focus on positive cultural and social values and the direct examination of ATOD issues. Activities for fourth, fifth, and sixth graders emphasize and expand on previous information, with emphasis on ATOD information, peer and family relations, and self-awareness. Emotion games and situation cards help children express themselves openly. Finally, activities for seventh through twelfth graders focus on opportunities to share ideas, work together on projects, and encourage all students to get involved. "Talking circles" are used extensively. (For more information see Grant #2205 in appendix A.)

## School Alcohol, Tobacco, and Other Drug Policy

A crucial aspect of many school-based High-Risk Youth Demonstration Grants has been the collaboration of students and schools in developing clear and consistent school policies governing ATOD use.

### *Program Examples*

The ***Fairbanks Native Association*** worked with the Substance Abuse Task Force of the Fairbanks North Star Borough School District to assist in the development of policies that deal progressively with ATOD use in schools. Under the new policy, the first and second incidents involving ATOD possession and use result in mandatory suspension for 5 and 10 days, respectively. Suspended students are required to seek an evaluation and assessment and to go for treatment in an approved treatment facility. Parents are given a copy of the school district's policy on ATOD and are encouraged to stay involved in helping students seek professional help in the community and to become an integral part of a support system that fosters recovery within the school. (For more information see Grant #1473 in appendix A.)

The Liberty-Eylau Independent School District operates the ***School of Success*** program for youths aged 15 to 21, who are at risk for dropping out or who have already done so. The program has a life skills component for students who have ATOD or related problems; this component provides vocational, assessment, evaluation, and drug counseling and treatment services, along with academic instruction within the school structure. The program places special emphasis on the successful completion of high school. Class schedules are flexible to accommodate employment, treatment, and family needs. (For more information see Grant #2307 in appendix A.)

## Educational Planning

Some High-Risk Youth Demonstration Grants have helped school-age participants explore their values and attitudes regarding higher education and have involved youth in goal-setting exercises.

### *Program Example*

The ***Comprehensive Afro-American Adolescents Services Program*** targeted African-American youths aged 12 to 23 years. The program was based on the assumption that as a community gains a sense of cultural identity and empowerment, youths will begin to exhibit behaviors consistent with the established community norm. These behaviors include improved school performance, particularly when they are strengthened by adult role models. The program interven-

tions were aimed at the adults, as well as the youths. Selected youths were grouped within their neighborhoods by age to formulate a community action project under the guidance of program staff and community leaders. Since the youths generally had not been exposed to their cultural heritage, the program sought to reframe educational achievement as an important value in African culture. (For more information see Grant #537 in appendix A.)

## Ombudsperson/Advocate to Enhance School Bonding

Many youths at high risk and their parents feel they have no one to speak on their behalf and to represent their interests before school authorities. Parents with such feelings have difficulty communicating and bonding with the school. Children of these parents are disinclined to bond with the school and succeed academically.

### *Program Examples*

The goals of the ***Oklahoma Primary Prevention/Early Intervention Demonstration Project***, or the ***Nee-Kon Project***, are to build social skills and provide positive school and social bonding experiences for Native American preschool and early elementary school children in the rural community of McLoud, Oklahoma. The project staff provides parents with frequent information, guidance, and assistance regarding the importance of regular school attendance and bonding to school. During the school year and at Head Start graduation, the program formally recognizes and awards incentives to children and their parents who maintain excellent attendance records. (For more information see Grant #1422 in appendix A.)



The ***Helping Children and Their Families Face Drug Abuse*** project targets elementary school children in an urban setting in Puerto Rico. One aspect of the project is specifically aimed at helping parents develop a positive relationship with the school. Project staff members make home visits to discuss absenteeism, academic performance, and school misbehavior, and seminars are held at the school on child discipline. In addition, educational tours and open houses are held at the school. (For more information see Grant #2851 in appendix A.)

## School and Community Environment

To enhance protective factors and reduce risk factors of youths at high risk in school and community settings, some programs that are both school and community based target ATOD prevention services to both the professionals in contact with youths and the youths themselves.

*Program Example*

The ***CASPAR Alcohol and Drug Education Program*** provides comprehensive AOD prevention and early intervention services in school and community settings. The goal is to provide the young with consistent messages about alcohol and other drugs. The model includes a strong training and consultation component targeting school and community staff. For example, school-based work includes administrators, teachers, counselors, nurses, and security guards. In the community, police, agency staff, probation personnel, recreation center workers, housing administrators, and community members are involved. The model also includes youth services, which are structured differently at different age levels. Basic prevention groups for younger children are held in schools, housing developments, and recreation centers. Peer leader programs involve youths at the middle grade level. Screening and assessments, psychoeducational groups, followup, and support services are there for older youths. The model promotes and supports the young while working with professionals who serve them to create systemic change. (For more information see Grant #1416 in appendix A.)

## PEER GROUP-BASED RISK FACTORS

One of the strongest predictors of adolescent ATOD use is association with ATOD-using peers. Youths who are highly tempted to engage in this behavior may seek out other ATOD-using peers. In other cases, peers may provide encouragement or pressure to experiment. Four major risk factors in this area are

- association with delinquent, ATOD-using peers;
- association with peers who have favorable attitudes toward ATOD use;
- susceptibility to peer pressure; and
- strong external focus of control.

### Promising Strategies for Peer Group-Based Risk Factors

The following interventions have helped reduce some peer group-based risk factors.

#### Positive Peer Clubs or Groups

Participants in peer clubs or groups may practice life skills, engage in alternative activities, or attend events designed to increase cultural awareness, but the main purpose of such groups is to establish attitudes and values that support health-promoting choices. As the participant makes decisions, the group provides support to help him or her make the "right choice." In regard to ATOD use, this means abstinence.

*Program Example*

***The Gateway Project*** targets primary-school-aged multiethnic youth. In this urban, school-based setting, students participate in an afterschool program 2 days each week. This gives the children an opportunity to bond with a group of peers in a positive environment. In this safe, drug-free setting, the youths engage in recreational activities that emphasize the importance of basic living skills. (For more information see Grant #1456 in appendix A.)

#### Correcting Perceptions of Norms

There is growing evidence that altering a youth's perception of peer norms concerning ATOD use can be an effective way of reducing actual use. Most youths are not users, and young people who know this do not feel as much pressure to become users. Accurate information concerning peer norms is often

offered in conjunction with peer support groups with positive values and attitudes as a means of promoting desirable youth group identification and interaction.

*Program Example*

The ***Multi-Models Schools Program*** is a school-based program that serves African-American and White youths in the sixth to eighth grades in a Charleston, South Carolina, middle school. The program uses multiple methods to promote positive norms and expectations while decreasing youths' association with ATOD-using peers. These methods include norms regarding ATOD use that are directly challenged and discussed as part of life skills training delivered to all students at each grade level. The peer rejection youths at high risk often experience (and that leads to increased association with delinquent or ATOD-using peers) is countered by the use of cooperative learning, which allows all children a fairly equal chance to experience success and forges positive relationships among students who might not otherwise develop them. Students acquire skills in identifying and coping with pressure to engage in counternormative behavior through social-problem-solving training. (For more information see Grant #2630 in appendix A.)

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## Peer Resistance Training Programs

The peer resistance training approach uses role playing to teach youths to "say no" to ATOD use. A number of High-Risk Youth Demonstration Grants have incorporated components of well-known peer resistance skills programs. Youths are taught how to identify negative family, peer, or media pressure and how to practice different ways of resisting the offer of alcohol, tobacco, or other drugs by saying no, changing the topic of conversation, or, if necessary, leaving the situation. Many peer resistance training programs have reported success, particularly in dissuading young people from experimenting with tobacco, alcohol, and marijuana.

*Program Examples*

***SUPER STARS*** is a primary prevention program that serves youths at high risk aged 6 to 11 and their parents living mainly in inner-city Atlanta. Sessions take place in the early evening in a host agency center or host school. The program gives much emphasis to building peer resistance skills, particularly through increasing self-esteem, improving self-image, training for assertiveness, and improving decision-making skills. Such skills and attitudes build resilience to empower the young to function positively in their high-risk environments. (For more information see Grant #1405 in appendix A.)

***Everyday Theater*** serves African-American youths aged 14 to 21. They use an Afrocentric model that includes African literature, role models, music, and theater. Each year, the program includes an on-the-job-training program for 20 youths, a summer theater program for 20 youths, and an after-school program for 90 youths. Participants in each program help develop an original dramatic production, which is to be performed for 18 targeted audiences at high risk throughout the greater metropolitan Washington area, reaching approximately 5,000 to 8,000 youths annually. The desired outcome of the creative, theatrical approach is to improve socioemotional skills, leadership ability, and effective communication skills with peers and team members. (For more information see Grant #2641 in appendix A.)

## Positive Peer Models

The impact that positive role models can have on young people has been recognized for many years. Some CSAP programs focus specifically on providing participants with peer role models by arranging for high school or college students who are not ATOD users to serve as big brothers or big sisters. Other programs concentrate on encouraging team or club youths who do not use alcohol, tobacco, or other drugs to reach out and include youths at high risk in established group activities.



### *Program Example*

The ***Little Wound School Peer Counseling Program*** targets high school-aged Native Americans in the rural setting of Kyle, South Dakota. The theoretical framework underlying the Little Wound School Program is that peer acceptance and peer influence are two paramount factors in behavior. Every year the program selects and trains 20 youths at high risk to serve as peer counselors through a for-credit class at Little Wound School. The program provides individual and group counseling. Peer counselors give reservation-wide presentations on ATOD use to other youths at high risk and carry out projects designed by groups and individuals to decrease ATOD use. (For more information see Grant #1682 in appendix A.)

## Peer Leadership and Counseling Interventions

In peer leadership programs, youths at high risk learn how to speak before an audience, how to organize tasks and communicate effectively with peers and adults, and how to facilitate group processes. They are often given opportunities to speak at conferences and meetings or to co-lead prevention activities. Counseling interventions involve young people in helping their peers through one-on-one structured sessions, informal street encounters, and answering a telephone hotline.

*Program Example*

The ***National Indian Youth Leadership Project*** operates Project Venture in four Native American communities in New Mexico. The major interventions are summer leadership camps, year-round followup programs in the schools and communities, and intertribal activities. The program seeks to expose adolescents to positive alternatives to ATOD use through camping trips, rock climbing, rappeling, rope courses, and canoeing. These activities are designed to help young people be more resistant to negative pressures; to build skills and self-confidence; and to foster group dynamics, trust, and cooperation. In addition, the high school students go through extensive training to prepare them to become big brothers and big sisters to their sixth- to eighth-grade counterparts. The project has the only fully certified search and rescue team in the United States made up exclusively of Native American high school students. (For more information see Grant #2070 in appendix A.)

## COMMUNITY-BASED RISK FACTORS

Parents, guardians, and children are all influenced by the mores of their immediate neighborhood, the wider community, society, and the media. Community-based risk factors for ATOD abuse include the following:

- ***Community disorganization.*** Drug problems are likely to increase in areas in which the most competent community members have moved to more prestigious neighborhoods, leaving few potential leaders; large numbers of transient families feel little commitment to the community; high crime rates and youth gang activity prevail; and public and private resources to create opportunities for children and families are lacking.

- ***Lack of community bonding.*** More and more young people feel that they do not belong in their communities. They do not identify with many of their neighbors, they do not feel that people care about their welfare, and they have difficulty finding positive role models. These youths often reject the prosocial values of their community; rebel against authority; and reject religious institutions and participation in organized recreational, social, and cultural activities. This alienation and rejection of societal values place these young people at very high risk of using alcohol, tobacco, and other drugs.

- ***Lack of cultural pride.*** Many young members of ethnic minority groups internalize the negative images of their culture that are presented in the media or in their school texts. These conditions can lead to low self-regard. Others simply have little knowledge of their cultural history, traditions, and values from which to develop pride in their heritage.

- ***Lack of bicultural competence.*** The research of E.R. Oetting and coworkers[20] suggests that bicultural competence is an important resilience factor for minority youths. Minority youths who can negotiate competently in the majority culture as well as in their own culture are more likely to avoid ATOD use.

- ***Community attitudes favorable to drug use.*** Many young people are at risk by virtue of living in neighborhoods in which large numbers of adults and youths believe that ATOD use is acceptable. Research has shown that healthy communities develop informal social control systems that generate norms governing drinking, drug use, and other risk-related behaviors. When messages conflict, the systems break down and require external, formal social controls. Formal control systems have not produced long-lasting decreases in ATOD use and are widely considered to be ineffective prevention strategies.

- ***Ready availability of alcohol, tobacco, and other drugs.*** The greater the availability of alcohol, tobacco, and other drugs, the greater the risk of use by children, adolescents, and adults.
- ***Inadequate youth services and opportunities for prosocial involvement.*** Communities that have many opportunities for prosocial youth involvement have reduced drug problems. The young need opportunities to contribute to society and should be rewarded for these activities.

## Promising Strategies for Community-Based Risk Factors

The following interventions have been effective in reducing some community-based risk factors.

### Cultural Enhancement Programs

Approximately 30 percent of the High-Risk Youth Demonstration Grants have included a cultural enhancement component aimed at increasing minority youths' knowledge of their cultures' histories, traditions, and values and reinforcing positive cultural identity and pride. This prevention approach is used by all the Native American grantees. Some programs incorporated the cultural resources in their community into their cultural enhancement programs by including such activities as field trips, visits to community art exhibits and historical and religious sites, and cultural fairs for their young people.



#### *Program Examples*

The ***Project LEAD: High Expectations*** program, delivered through The Links Foundation, Inc., offered an educational program for African-American youth at 146 mostly inner-city sites in 107 locations around the country and in the Bahamas. The program consisted of core courses on values, self-image, and self-esteem; decision making; prevention of ATOD use; prevention of early sexual involvement; and academic excellence and career and vocational planning. A key part of this effort was the use of volunteer African-American professionals drawn from an existing infrastructure in the African-American community to conduct the courses. The use of same-culture volunteer role models contributed to the strong level of bonding between participants and volunteers. (For more information see Grant #915 in appendix A.)

The ***Asian Youth Substance Abuse Project*** provides ATOD use prevention services in ethnic-specific youth centers by staffs with appropriate language capabilities and sensitivities to the Chinese-American, Japanese-American, Korean-American, Filipino, and Vietnamese communities. This project is significant because it is one of the first to provide ATOD use prevention and education

materials and services in Chinese, Japanese, Korean, Tagalog, and Vietnamese. The program has found it best to use a consortium model of organization, which allows each agency to serve the needs of its particular community while uniting these diverse groups to focus public attention on the unmet needs of Asian Americans. (For more information see Grant #230 in appendix A.)

## Orientation to Community Services

Many populations served by the High-Risk Youth Demonstration Grants are poor and isolated and lack an awareness of available community services. Staff members often find that project participants have multiple health and basic life needs that must be met before prevention activities can begin. Creative ways to address these needs include assessing awareness of community services; adding program sessions designed to help participants identify and access neighborhood resources; developing a community services directory and distributing it to current and potential clients; and helping particularly needy families find support. Also needed is arranging for individuals to secure housing, financial aid, health care, child care, clothing, food, bedding, furniture, and educational, mental health, and AOD abuse treatment services. Some grantees solicit and store food, clothing, and household goods, and then distribute them to families.

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### *Program Example*

The ***TOGETHER! Project*** trains community teams from Oregon and Washington to identify and assess their communities' degrees of exposure to ATOD use and abuse. The project uses the *Communities That Care*™ model of risk and protective focused prevention, following the strategy developed by J. David Hawkins and Richard S. Catalano.

The three phases of training provided to community members are

1. A key community leader training to introduce the program to representatives from communities interested in mobilizing against ATOD use and abuse and to encourage them to develop community prevention boards with representatives from diverse sectors within their communities;

2. A risk and resource assessment training for the community boards to identify and prioritize levels of risk prevalent within each community and assess resources available to address those risks;

3. A promising-approaches training to plan and implement effective programs to address the risks and enhance protective factors within the community.

Throughout this process, the project staff provides technical assistance to the community boards in support of their mobilization efforts. (For more information see Grant #1435 in appendix A.)

### Rites of Passage

In formal and informal ways, CSAP grantees have helped adolescents learn how to become responsible, mature members of the community. By interacting with adults under culturally prescribed circumstances, young people are exposed to positive role models and are appreciated for the unique contributions they can make. Rites of passage programs are for African-American youth, designed to increase self-esteem and self-confidence. Some facets of these programs are directed at developing community responsibility.



#### *Program Example*

The Detroit Urban League's ***Male Responsibility: Lifepower*** program uses the rites-of-passage model to increase the sense of social responsibility of African-American males aged 9 to 18. In addition to counseling, training, and educational components, the program offers the male responsibility curriculum that examines ATOD use and other negative behaviors in the context of African-American values, history, and traditions. The youths participate in community service projects and support groups and operate a telephone "male line." The program's success is attributed to, among other things, the regular use of successful African-American men as positive role models. (For more information see Grant #2885 in appendix A.)

### Positive, Drug-Free Youth Groups

To combat youth gang and crime involvement, many CSAP-sponsored projects established youth groups that emphasized social and life skills development, no ATOD use, and community participation and assistance. Youth clubs, such as Boys and Girls Clubs, have demonstrated effectiveness in reducing crime and delinquency. Several CSAP High-Risk Youth Demonstration Grants have modeled their projects on such youth-serving organizations.

***Program Example***

***Boys and Girls Clubs of America*** offered a youth development program to demonstrate that youths at high risk living in five housing development sites nationwide can show increased resistance to ATOD use, and that rates of ATOD use, delinquency, and vandalism can be reduced by attracting and involving youth in meaningful and positive alternatives to the street. Programs used the core SMART Moves curriculum to enhance resistance and decision-making skills. Results showed decreased rates of ATOD use, decreased criminal activity by juveniles, and less vandalism at the sites. Schools attended by participants showed decreases in truancy, in academic failure, and in behavior problems. To date, more than 200 public housing Boys and Girls Clubs have been established as a result of this demonstration. (For more information see Grant #767 in appendix A.)

## Community Service Activities

When young people have the opportunity to make positive contributions to their community, they feel needed and respected. The High-Risk Youth Demonstration Grants have enabled preadolescents and teens to organize crime watches, paint buildings in their neighborhoods, clean up parks, and operate soup kitchens.



***Program Example***

In the ***Nizhoni Way Project***, participating youths practice their skills and knowledge through community service. Community service activities include Thanksgiving and Valentine's Day parties for senior citizens and disabled youths, assisting senior citizens with domestic chores, working to improve the community, preparing skits and puppet shows for children, and raising funds for motivational activities. (For more information see Grant #1394 in appendix A.)

## Community Media Education Activities

A number of grantees have conducted media campaigns and issued public service announcements to raise community awareness of the ATOD use problem and to recruit participants and volunteers.

***Program Example***

The goal of the ***Lac Du Flambeau Family Circles Prevention Project*** is to prevent or reduce ATOD use among Native American youth through cultural enhancement of their family systems. In addition to offering a comprehensive range of program activities, the program publishes a monthly 24-page *Family Circles* newsletter. Articles and news items provide information about healthy

lifestyles that will strengthen the physical, intellectual, emotional, and spiritual self. The newsletter includes news of positive events in the community, such as powwows, school events, elders' activities, and community celebrations, and highlights youths and adults who distinguish themselves in the community. It also addresses prevention and recovery issues through articles on alcohol and other drugs, inhalants, and domestic and sexual abuse. (For more information see Grant #2403 in appendix A.)

### Safe Haven Activities

An important facet of many prevention programs is simply to provide a safe area for the young. This is particularly necessary in neighborhoods that have been taken over by gangs and drug dealers and where the youth of the community is at risk for not only ATOD use, but also its very survival.

#### *Program Example*

***A SAFE PLACE*** serves primary and middle school African-American students. Set in a recreation center that serves public housing communities plagued by illegal drug activities and the accompanying social ills, one of the major purposes of this project is to provide a safe environment that nurtures youth while it educates. The program is offered in two parts: a pre-rites-of-passage program for those aged 8 to 11 and a rites-of-passage component for those aged 12 to 14. Participation in the Youth Education Services, a teen peer educator program, is also a part of the program for the 12- to 14-year-old participants. Both the pre-rites and the rites-of-passage components combine ATOD use prevention and intervention with culturally specific approaches designed to draw on the inherent strengths of African-American culture. (For more information see Grant #1751 in appendix A.)

### Community Advocacy for Changes in Social Policy

Strong community action can inform and educate the members of a community about the effects of environmental cues that make ATOD use appear to be the norm: specifically, media that glamorize ATOD use, the easy availability of sub-

stances, and the attractive packaging of alcohol and tobacco products. Only an educated constituency can bring about informed policy changes. Community assessments often are the first steps in helping the public become aware of the messages being sent to the young. New understandings based on realistic appraisals of product availability and the effects of media advertising often generate the motivation necessary to mobilize advocacy efforts.

*Program Example*

The ***Growing Up Well Project*** of California's Southwest Regional Laboratory serves Hispanic and White children in kindergarten through the sixth grade and their parents. A secondary focus of this program is on alcohol availability and community norms. Annual surveys are being conducted on alcohol sales establishments to assess the availability of alcohol to youth. The surveys address such issues as price, marketing, posting warnings (Surgeon General's health warnings and sales-to-minors warnings), and written policies about alcohol. In addition to providing a gauge of availability, the survey was presented to the Beach Cities Coalition for Alcohol and Drug Free Youth as a means of increasing community awareness. As a result of this presentation, a motion was passed to distribute sample alcohol sales policy statements to all retail outlets. (For more information see Grant #3073 in appendix A.)



## Involving the Faith Community

The involvement of the faith community links ATOD use prevention with the moral authority of the institution as well as with the principle of spiritual health. In addition, many programs for youth at high risk find that churches are willing to offer material support, particularly in supplying meeting space. Church members are often willing volunteers.

*Program Example*

The ***Creating Lasting Connections*** program is based on the notion of working within the community structures provided by existing church networks. By mobilizing church communities and linking them to education, recreation, and other human service systems, the program identifies, recruits, and trains the targeted youth population and their families. The program offers training to parents and youths to open up lines of communication and heal the wounds of abusive or dysfunctional parenting, thereby creating "lasting connections." The program encourages mutual understanding within families to prevent ATOD use. (For more information see Grant #1279 in appendix A.)

## REFERENCE NOTES

1. **Botvin's Life Skills Training Program** focuses on the social and psychological factors involved in adolescent substance abuse. The curriculum aims to help students develop the positive skills they need to say "no" to ATOD use. It helps students develop self-esteem, make decisions, and resist peer pressure. The program comes in three parts.

   Target audience: Grades 7-9

   Format: Curriculum

   Publisher information: Smithfield Press
   P.O. Box 1153
   White Plains, NY 10602
   (212) 746-1270

   Contact: Institute for Prevention Research
   411 East 69th Street, Room 201
   New York, NY 10021
   (212) 746-1270

   Dr. Gilbert Botvin is the executive director of the Institute for Prevention Research.

2. **Perry's Amazing Alternatives Program**, representing research still in progress, is aimed at preventing alcohol, tobacco, and marijuana use among seventh-grade students. The completed program will consist of nine 1-hour sessions. The program is also aimed at changing the adolescent's social environment by, for example, stressing the need for more effective parent-child communication.

   Target audience: Grade 7

   Format: Curriculum

   Contact: School of Public Health
   University of Minnesota
   611 Beacon Street SE
   Stadium Gate 27
   Minneapolis, MN 55455
   (612) 624-2374

3. For more information on **Life Skills Programs**, refer to

   Schinke, S.P., and Gilchrist, L.D. *Life Skills Counseling with Adolescents*. Baltimore: University Park Press, 1984.

   Schinke, S.P.; Gilchrist, L.D.; Schilling, R.F.; Snow, W.H.; and Bobo, J.K. Skills methods to prevent smoking. *Health Education Quarterly* 13(1):23-27, 1986.

   Contact: Dr. Steven Schinke
   Columbia University
   School of Social Work
   New York, NY 10025
   (212) 854-3157

4. The general purpose of the **Means Ends Problem Solving Test (MEPS)** is to investigate an individual's transition to parenthood, and to determine the internal relationship among gender, problem-solving competence, and the frequency with which each problem was experienced.

   The **Preschool Interpersonal Problem Solving Test (PIPS)** is administered during the preschool years mainly to determine whether it predicts teacher ratings of adjustment in school during the subsequent 2 years, and to measure the objectivity of teacher ratings through direct observations of children's behavior.

   Information taken from Spivack, G., and Shure, M.B. The cognition of social adjustment: Interpersonal Cognitive Problem-Solving Thinking. In Lahly, B.B., and Kazdin, A.E., eds. *Advances in Child Psychology*. New York: Plenum Press, 1982.

5. **Preparing for the Drug-Free Years Program** is a skill-based program aimed at parents, presented in five workshops. It is a companion to school-based curriculums, such as **Here's Looking at You, 2000**. Risk factors for teenage ATOD use, such as use by parents and friends and poor bonding to the family are identified, and prevention measurements are discussed. The entire program stretches over a 6-week period.

   Target audience: Parents of children in grades 4-8

   Format: Curriculum

   Contact: Developmental Research and Programs
   130 Nickerson, Suite 107
   Seattle, WA 98109
   (206) 286-1805/(800) 736-2630

J. David Hawkins and Richard F. Catalano, who developed this program, can be contacted at:

School of Social Work
University of Washington
4101 15th Avenue, NE
Seattle, WA 98195

6. **Project SMART**, an ATOD use prevention curriculum, teaches self-management and resistance training with peer skill leaders. The focus of the project is to test two ATOD use prevention curricula to determine their relative effectiveness in preventing ATOD use among adolescents. The first program focuses on prevention through social pressure resistance training. The second program focuses on affective educational approaches to prevention. The affective educational approach is based on the premise that personal shortcomings—low self-esteem, for example—could be the reasons for ATOD use initiation, whereas the social influence program emphasizes external factors, such as role models and social pressures.



| | |
|---|---|
| Target audience: | Grades 6-9 |
| Format: | Curriculum |
| Contact: | Institute of Prevention Research (IPR)<br>University of Southern California<br>1000 South Freemont Avenue<br>Alhambra, CA 91802<br>(818) 457-4000 |

**Project SMART** was developed by C. Anderson Johnson, Brian Flay, and others at the University of Southern California. Boys Clubs of America has adapted this program for use in Boys Clubs, to help youth identify and resist peer, social, and media pressures that promote high-risk behavior.

For more information on **Project SMART**, refer to

Hansen, W.B.; Johnson, C.A.; Flay, B.R.; Graham, J.W.; and Sobel, J. Affective and social influences approaches to the prevention of multiple substance abuse among seventh grade students: Results from Project SMART. *Preventive Medicine* 17:135-154, 1988.

Smith, D.W.; McCormick, L.K.; Steckler, A.B.; and McLeroy, K.R. Teachers' use of health curricula: Implementation of growing healthy, Project SMART, and the teenage health teaching modules. *Journal of School Health* 63(8):349-354, 1993.

7. **Project STAR (Students Taught Awareness and Resistance)** is a comprehensive, community-based ATOD use prevention program involving 15 communities in the greater Kansas City metropolitan area. It is a school-based-curriculum designed to teach resistance skills to middle and junior high school students. The project has parent, media, and community program components designed to support and enhance the practice of resistance skills by youth. Supported and funded by Marion Laboratories, Inc., the project has served as a model to many Kansas City area schools.

| | |
|---|---|
| Target audience: | Middle and junior high school students |
| Format: | Curriculum |
| Contact: | Kauffman Foundation<br>4900 Oaks Street<br>Kansas City, MO 64112<br>(816) 932-1040 |

8. **Project I-STAR (Indiana Students Taught Awareness and Resistance)** is a comprehensive drug prevention program designed to prevent ATOD use among young people and to create an environment that encourages youth to remain drugfree. It has multiple components: a research-based student curriculum, a parent support and training program, a broad-based community organization, involvement of the media, and program evaluation and drug-use prevalence research.



| | |
|---|---|
| Target audience: | Middle and junior high school students and their parents |
| Format: | Curriculum |
| Contact: | Project I-STAR<br>5676 West 73rd Street<br>Indianapolis, IN 46278<br>(317) 291-6844 |

For more information on **Projects STAR** and **I-STAR**, refer to

Dwyer, J.H.; MacKinnon, D.P.; Pentz, M.A.; Flay, B.R.; Hansen, W.B.; Wang, E.Y.I.; and Johnson, C.A. Estimating intervention effects in longitudinal studies. *American Journal of Epidemiology* 130(4):781-795, 1989.

Pentz, M.A.; Dwyer, J.H.; MacKinnon, D.P.; Flay, B.R.; Hansen, W.B.; Yu, E.I.; and Johnson, C.A. A multi-community trial for primary preven-

tion of adolescent drug abuse: Effects on drug use prevalence. *JAMA* 261(22):3259-3266, 1889.

Johnson, C.A.; Pentz, M.A.; Weber, M.D.; Dwyer, J.H.; MacKinnon, D.P.; Flay, B.R.; Baer, N.A.; and Hansen, W.B. The relative effectiveness of comprehensive community programming for drug abuse prevention with risk and low risk adolescents. *Journal of Consulting and Clinical Psychology* 58(4):447-456, 1990.

Pentz, M.A.; Trebow, E.A.; Hansen, W.B.; MacKinnon, D.P.; Dwyer, J.H.; Flay, B.R.; Daniels, S.; Cormack, C.; and Johnson, C.A. Effects of program implementation on adolescent drug use behavior: The Midwestern Prevention Project (MPP). *Evaluation Review* 14(3):264-289, 1990.

MacKinnon, D.P.; Johnson, C.A.; Pentz, M.A.; Dwyer, J.H.; Hansen, W.B.; Flay, B.R.; and Wang, E.Y.I. Mediating mechanisms in a school-based drug prevention program: One year effects of the Midwestern Prevention Project (MPP). *Health Psychology* 10(3):164-172, 1991.

Falco, M. *The Making of a Drug-Free America: Programs That Work*. New York: Time Books, 1992.



9. For more information refer to Tobler, N.S. Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control or comparison group. *Journal of Drug Issues* 16(4):537-567, 1986.

10. **Bicultural Effectiveness Training**, developed by Jose Szapocznik and associates, is a treatment intervention program for enhancing intercultural adjustment in Cuban-American families. It teaches family members that skills for effective functioning in different value contexts (cultural or otherwise) can be viewed as complementary and enriching to the individual.

    For more information on **Bicultural Effectiveness Training**, refer to

Szapocznik, J.; Santisteban, D.; Rio, A.; Perez-Vidal, A.; Kurtines, W.; and Hervis, O. Bicultural Effectiveness Training (BET): An experimental test of an intervention modality for families experiencing intergenerational/intercultural conflict. *Hispanic Journal of Behavioral Sciences* 8(4):303-330, 1986.

Szapocznik, J., and Kurtines, W.M. *Breakthroughs in Family Therapy with Drug-Abusing and Problem Youth*. New York: Springer Publishing Co., 1989.

11. The **Strengthening Families Program (SFP)** began as a research project funded by the National Institute on Drug Abuse. Its main objective was to develop, implement, and evaluate prevention interventions. It is unique in that it was developed specifically for children of AOD-abusing parents. It has three components: the **Parent Training Program**, the **Children's Skills Training Program**, and the **Family Life Skills Training Program**.

    The **Parent Training Program** aims to teach parents to identify problem behavior, acknowledge and reward positive behavior, and encourage positive communication in the family. It consists of 14 consecutive 30-minute behavioral and cognitive strategies and homework exercises.

    The **Children's Skills Training Program** aims to help youth improve their behaviors and competence skills, as well as to help children understand the problems their parents are having with parenting and AOD use.

    The **Family Life Skills Program** is intended for both parents and children. It aims to develop positive skills in such areas as verbal appreciation, feeling identification, problem assessment, and environmental modification. Length of the program: 14 consecutive 2-hour weekly sessions.

    The program is currently being adapted and tested with Pacific Islander, Hawaiian, Hispanic, and Asian families. It has been used with African Americans and with AOD-abusing parents in a methadone maintenance clinic.

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    | | |
    |---|---|
    | Target audience: | Parents and their children aged 6 through 12 |
    | Format: | Curriculum; therapist and training manuals |
    | Contact: | Dr. Karol L. Kumpfer<br>Department of Health Education<br>University of Utah<br>Salt Lake City, UT 84112<br>(801) 581-8114 |

12. The **Nurturing Programs**, developed by Stephen Bavolek and associates, comprises the **Nurturing Program for Parents and Children Birth to 5 Years**, the **Nurturing Program for Parents and Children 4 to 12 Years**, the **Nurturing Program for Parents and Adolescents**, and the **Nurturing Program for Teenage Parents and Their Families**. The aim of these programs is to teach new interaction patterns through reparenting. The philosophy of the programs is to change the dysfunctional and abusive patterns of parenting.

Target audience: Parents and children

Format: Curriculum

Contact: Family Development Resources, Inc.
3160 Pinebrook Road
Park City, UT 84060
(800) 688-5822

13. For more information refer to

Black, C. *My Dad Loves Me, My Dad Has a Disease: A Workbook for Children of Alcoholics*. Newport Beach, CA: Alcoholism, Children, Therapy, 1979.

Black, C. *Double Duty: Dual Dynamics with the Chemically Dependent Home*. New York, NY: Ballantine Books, 1990.

14. The **Parenting Program** of Dr. Patterson and Dr. Chamberlain is population specific because the behavior skills that are taught are geared to a particular group of parents, those of aggressive preadolescent children. The program begins with an extensive intake interview with the parents and the target child and 2 weeks of home observations to gather baseline data on child behavior and parental modes of reinforcement. The basic training program consists of seven sessions.

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Target audience: Parents of preadolescent children

Format: Curriculum

Contact: Oregon Social Learning Center
207 East 5th Avenue, Suite 202
Eugene, OR 97401
(503) 485-2711

15. The **Families in Focus Program** is an in-home family ATOD use prevention program, targeting youths at high risk. It focuses on three central dimensions of family behavior: cohesion, adaptability, and communication.

Target audience: Parents

Format: Curriculum

Contact: Families in Focus
National Headquarters
736 South 500 East
Salt Lake City, UT 84102
(800) 752-6100

16. The **Confident Parenting Program** for African Americans and Hispanics was designed in the late 1970's for parents of children aged 2 through 12 who have behavior problems. It focuses on child management skills that increase prosocial behaviors in children. This program is used with small groups of parents.

Target audience: Parents of children aged 2 through 12

Format: Curriculum

Contact: Center for the Improvement of Child Caring
11331 Ventura Boulevard, Suite 103
Studio City, CA 91604
(818) 980-0903



17. Developed by psychologist Thomas Gordon in 1962, the **Parent Effectiveness Training Program** is a formally structured course of eight 3-hour training sessions. The program offers a skill-oriented course in communication, problem solving, conflict resolution, consulting, and environmental modification.

Target audience: Parents

Format: Curriculum

Contact: Effectiveness Training, Inc.
531 Stevens Avenue
Solana Beach, CA 92075
(619) 481-8121

18. The **Systematic Training for Effective Parenting (STEP) Program** is based on the principle of Adlerian psychology that all behavior occurs for a social purpose and that every human being reflects the need to belong to something or someone. **STEP** is a formally structured series of nine 2-hour sessions that nurtures positive relationships, self-confidence, and independence in children. It was created by Don Dinkmeyer and Gary McKay. It does not require any extensive training in order to implement it.

| | |
|---|---|
| Target audience: | Parents |
| Format: | Curriculum |
| Contact: | American Guidance Service<br>Publishers' Building<br>P.O. Box 99<br>Circle Plains, MN 55104-9989<br>(800) 328-2560 |

The **Systematic Training for Effective Parenting of Teens (STEP/Teen)** is a followup program of STEP, a curriculum designed for parents to improve communication among all family members. Through its 10 sessions, STEP/Teen addresses key issues, such as understanding teenagers, personality development, and building self-esteem in teenagers through role playing, discussion, and other activities.

| | |
|---|---|
| Target audience: | Parents of adolescents |
| Format: | Curriculum |
| Contact: | Same as STEP |



19. For more information refer to

Gottfredson, D.C. An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. *Criminology* 24(4):705-731, 1986.

Gottfredson, D.C. Change strategies to prevent school disruption. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada, August 24-28, 1984.

20. For more information, refer to

Chavez, E.; Beauvais, F.; and Oetting, E.R. Drug use by small town Mexican American youth: A pilot study. *Hispanic Journal of Behavioral Sciences* 8(3):243-258, 1986.

Oetting, E.R., and Beauvais, F. Orthogonal cultural identification theory: The cultural identification of minority adolescents. *International Journal of the Addictions* 25(5/6):655-685, 1990.

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Jansen, M.A., ed. *A Promising Future: Alcohol and Other Drug Problem Prevention Services Improvement*. OSAP Prevention Monograph 10. DHHS Pub. No. (ADM) 92-1807. Washington, DC: Alcohol, Drug Abuse, and Mental Health Administration, 1992.

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Oyemade, U.J., and Brandon-Monye, D., eds. *Ecology of Alcohol and Other Drug Use: Helping Black High-Risk Youth*. OSAP Prevention Monograph 7. DHHS Pub. No. (ADM) 90-1672. Washington, DC: Alcohol, Drug Abuse, and Mental Health Administration, 1990.

Resnik, H., ed. *Youth and Drugs: Society's Mixed Messages*. OSAP Prevention Monograph 6. DHHS Pub. No. (ADM) 90-1689. Washington, DC: Alcohol, Drug Abuse, and Mental Health Administration, 1990.

Rey, K.H.; Faegre, C.L.; and Lowery, P., eds. *Prevention Research Findings: 1988*. OSAP Prevention Monograph 3. DHHS Pub. No. (ADM) 89-1615. Washington, DC: Alcohol, Drug Abuse, and Mental Health Administration, 1990.

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# APPENDIX A:
# MATRIX AND CONTACT INFORMATION FOR CSAP HIGH-RISK YOUTH DEMONSTRATION GRANTS INCLUDED IN *SIGNS OF EFFECTIVENESS*

## MATRIX FOR CSAP HIGH-RISK YOUTH DEMONSTRATION GRANTS INCLUDED IN *SIGNS OF EFFECTIVENESS*

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 230 | 391 | 411 | 537 | 618 | 767 | 915 | 1101 | 1212 | 1246 | 1254 | 1277 | 1279 | 1295 | 1394 | 1397 | 1404 | 1405 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | ● | ● | | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | ● |
| HIV information | | | | | | | | | | | | ● | | | | | | |
| Cultural values | ● | ● | | ● | | | ● | ● | ● | ● | ● | ● | | | | | | |
| Individual therapy | ● | | | ● | ● | | | | ● | ● | | ● | ● | | | | ● | |
| Group therapy | ● | | | | ● | | | | ● | ● | | ● | ● | | | | | |
| Family therapy | | | | ● | | | | | ● | | | | | ● | | | | |
| Support/self-help groups | ● | | ● | ● | ● | | | | ● | ● | ● | ● | ● | ● | ● | ● | | |
| Peer tutoring | | | | ● | | | | | | | | | | | ● | | | |
| Peer counseling/mentoring | ● | | | ● | ● | | | | | ● | ● | | | | ● | ● | | ● |
| Youth leadership | ● | | | ● | | | | | | ● | ● | | | | | | ● | ● |
| Youth decision-making skills | ● | | | | ● | ● | ● | | ● | ● | | ● | ● | | ● | ● | ● | |
| Youth interpersonal skills | ● | | | | ● | | | | ● | ● | | ● | ● | | ● | ● | ● | |
| Youth coping/life skills | ● | | | ● | ● | | ● | | ● | ● | | ● | ● | ● | ● | ● | ● | ● |
| Youth educational/vocational skills | | ● | | | | | ● | | ● | ● | | | | | ● | ● | ● | |
| Adult mentoring of youth | | ● | | | | | | ● | | | | | | | | | | |
| Alternative activities | | | | | | ● | | ● | | | | | | | | | | |
| Parenting skills | ● | ● | ● | ● | ● | | | | ● | ● | ● | ● | ● | ● | | ● | | ● |
| Case management | ● | | ● | ● | | | | | ● | ● | | | ● | | | | | |
| Outreach | ● | | | | | | ● | | | ● | ● | ● | ● | | | | | |
| Hotline | | | | | | | | | | ● | | | | | | | | |
| Training of providers | ● | ● | ● | ● | ● | | ● | | ● | ● | | ● | ● | | ● | ● | | ● |
| Transportation | | | | | | | | | | ● | | ● | | | ● | | | |
| HIV services | | | | | | | | | | ● | | | | | | | | |
| Substance abuse screening | | | | | | | | | | | | | | | | | ● | ● |
| Daycare | | | | | | | | | | | | ● | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 230 | 391 | 411 | 537 | 618 | 767 | 915 | 1101 | 1212 | 1246 | 1254 | 1277 | 1279 | 1295 | 1394 | 1397 | 1404 | 1405 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | | ● | ● | ● | ● | ● | | ● | | ● | ● | ● | ● | | ● | ● | ● |
| Suburban | | | | | | | ● | | | | | | ● | | | ● | | |
| Rural | | ● | | | | | ● | ● | | ● | | | ● | | ● | ● | | |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | | ● | | | | | | ● | | | | | | ● | | | | |
| Housing | | | | | | ● | | | | | ● | ● | | | | | | |
| Community | ● | | | ● | | ● | | | ● | ● | | | ● | | ● | ● | | ● |
| Residential treatment | | | ● | | ● | | | | | | | | | | | | ● | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | ● | ● | | | ● | ● | | ● | | | | | | | ● | | |
| 6–11 | | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | | | ● | ● |
| 12–14 | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | | ● | |
| 15–18 | ● | | | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | ● | |
| 19–21 | ● | | | | ● | | | | | | | | | | | | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | | | | | | | | | | ● | | | ● | | | ● | | |
| African American | | | ● | ● | | | ● | | | | ● | ● | ● | | | ● | | ● |
| Hispanic | | | | | | | | | | | | | | | | ● | ● | |
| Native American/Alaska Native | | ● | | | | | | ● | | | | | | | ● | ● | | |
| Asian/Pacific Islander | ● | | | | | | | | | | | | | | | ● | | |
| Multiracial (including White) | | | | | ● | ● | | | ● | | | | | ● | | ● | | |
| Multiracial (excluding White) | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 1416 | 1422 | 1435 | 1456 | 1473 | 1479 | 1648 | 1682 | 1751 | 1756 | 1800 | 2070 | 2205 | 2307 | 2403 | 2544 | 2597 | 2630 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | ● | | | ● | ● | | | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| HIV information | ● | | | | | | | | | | | | | | | ● | | |
| Cultural values | | ● | | | | | | ● | ● | | ● | | ● | | ● | ● | | |
| Individual therapy | ● | | | ● | ● | | | ● | ● | ● | ● | | | | | ● | ● | |
| Group therapy | ● | | | | ● | | | | ● | ● | | | | ● | | ● | | |
| Family therapy | | | | | | | | | | | | | | | | | | |
| Support/self-help groups | ● | | | | ● | ● | ● | ● | ● | ● | ● | | | | ● | | ● | |
| Peer tutoring | | | | | | | | ● | ● | | | | | | | | | ● |
| Peer counseling/mentoring | | | | ● | | | | ● | ● | ● | ● | ● | | | ● | ● | | ● |
| Youth leadership | ● | | | | | | | ● | ● | | ● | ● | | | | | | ● |
| Youth decision-making skills | ● | ● | | | ● | | ● | ● | ● | ● | ● | ● | | | ● | ● | | |
| Youth interpersonal skills | ● | ● | | ● | ● | | | ● | ● | ● | ● | ● | | | | | ● | |
| Youth coping/life skills | ● | | | | ● | | ● | | ● | ● | ● | ● | | ● | ● | ● | | ● |
| Youth educational/vocational skills | ● | | | | | | | | ● | ● | | | | ● | | | ● | ● |
| Adult mentoring of youth | | | | | | | | | | | | | | | | | | |
| Alternative activities | ● | | | ● | | | | | | | | | | | | | ● | |
| Parenting skills | ● | ● | | ● | | ● | ● | | | ● | ● | ● | | ● | ● | ● | ● | |
| Case management | ● | | | ● | ● | | | | | ● | | | | | | ● | ● | |
| Outreach | | | | ● | ● | ● | | | ● | ● | ● | | | | ● | | ● | |
| Hotline | | | | | | | | | | | | | | | | | | |
| Training of providers | ● | | ● | ● | ● | ● | ● | ● | | ● | | ● | ● | ● | ● | ● | ● | ● |
| Transportation | | | | | | | | | | | ● | | | | ● | ● | ● | |
| HIV services | | | | | | | | | ● | | | | | | | | | |
| Substance abuse screening | | | | | | | | | | | | | | ● | ● | | | |
| Daycare | | | | | | | | | | | | | | ● | ● | | ● | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 1416 | 1422 | 1435 | 1456 | 1473 | 1479 | 1648 | 1682 | 1751 | 1756 | 1800 | 2070 | 2205 | 2307 | 2403 | 2544 | 2597 | 2630 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | | ● | ● | ● | ● | ● | | ● | | ● | | ● | ● | | ● | ● | ● |
| Suburban | ● | | | | ● | | | | | | | | ● | ● | | | | |
| Rural | | ● | | | ● | | | ● | | ● | | ● | ● | ● | ● | | | |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | ● | ● | | ● | | | ● | ● | | ● | | | | ● | | | | ● |
| Housing | | | | | | | | | ● | | | | | | | | | |
| Community | ● | | ● | | ● | | ● | | | | ● | | | | | | ● | |
| Residential treatment | | | | | | | | | | | | | | | | | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | ● | | | ● | | ● | | | | | | ● | | ● | | ● | |
| 6–11 | | ● | | ● | ● | ● | ● | | | | ● | | ● | | ● | ● | | ● |
| 12–14 | ● | | | | ● | ● | | ● | ● | | | ● | ● | | ● | ● | | ● |
| 15–18 | ● | | | | ● | ● | | ● | | ● | | | ● | ● | ● | | | |
| 19–21 | | | | | ● | | | | | | | | | ● | | | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | | | | | | | | | | | | | | | | | | |
| African American | ● | | | | | | | | ● | | ● | | | | | | | ● |
| Hispanic | ● | | | | | ● | | | | | | | | | | | | ● |
| Native American/Alaska Native | | ● | | | ● | | | ● | | | | ● | ● | | ● | ● | | |
| Asian/Pacific Islander | | | | | | | | | | | | | | | | | | |
| Multiracial (including White) | ● | | ● | ● | | | ● | | | ● | | | | ● | | | | |
| Multiracial (excluding White) | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 2641 | 2647 | 2779 | 2851 | 2885 | 3073 | 3664 | 3699 | 4927 | | | | | | | | | | |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | | |
| AOD information | ● | ● | ● | ● | ● | ● | | ● | ● | | | | | | | | | | |
| HIV information | | | | | ● | | | | | | | | | | | | | | |
| Cultural values | ● | | | | ● | | ● | | ● | | | | | | | | | | |
| Individual therapy | | ● | ● | ● | ● | ● | | | | | | | | | | | | | |
| Group therapy | | | | | | | | | | | | | | | | | | | |
| Family therapy | | ● | | ● | | | | | ● | | | | | | | | | | |
| Support/self-help groups | | | | ● | ● | ● | | ● | | | | | | | | | | | |
| Peer tutoring | | | | | | | | | | | | | | | | | | | |
| Peer counseling/mentoring | ● | | | | | | | | | | | | | | | | | | |
| Youth leadership | ● | | | ● | | | | | | | | | | | | | | | |
| Youth decision-making skills | ● | | | ● | | | | | ● | | | | | | | | | | |
| Youth interpersonal skills | ● | | | | | | | | | | | | | | | | | | |
| Youth coping/life skills | | ● | ● | | ● | | | ● | ● | | | | | | | | | | |
| Youth educational/vocational skills | ● | | | | ● | | | | ● | | | | | | | | | | |
| Adult mentoring of youth | | | ● | | | | | ● | ● | | | | | | | | | | |
| Alternative activities | | | | | | | | ● | | | | | | | | | | | |
| Parenting skills | | ● | | ● | ● | ● | | ● | ● | | | | | | | | | | |
| Case management | | ● | | | | | | | | | | | | | | | | | |
| Outreach | | ● | | | ● | | ● | | | | | | | | | | | | |
| Hotline | | | | | ● | | | | | | | | | | | | | | |
| Training of providers | | ● | ● | ● | ● | ● | | | | | | | | | | | | | |
| Transportation | | | | | ● | | | | | | | | | | | | | | |
| HIV services | | | | | | | | | | | | | | | | | | | |
| Substance abuse screening | | | | | | | | | | | | | | | | | | | |
| Daycare | | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 2641 | 2647 | 2779 | 2851 | 2885 | 3073 | 3664 | 3699 | 4927 | | | | | | | | | |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | |
| Suburban | | | | | | | | | | | | | | | | | | |
| Rural | | | | | | | | | | | | | | | | | | |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | | ● | ● | ● | | ● | | ● | ● | | | | | | | | | |
| Housing | | | | | | | | | | | | | | | | | | |
| Community | ● | | | | | | ● | | | | | | | | | | | |
| Residential treatment | | | | | | | | | | | | | | | | | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | | | | | | | ● | | | | | | | | | | |
| 6–11 | | ● | ● | ● | ● | ● | | ● | ● | | | | | | | | | |
| 12–14 | ● | ● | ● | | ● | | | ● | | | | | | | | | | |
| 15–18 | ● | | | | ● | | | | | | | | | | | | | |
| 19–21 | | | | | | | ● | | | | | | | | | | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | | | | | | | | | | | | | | | | | | |
| African American | ● | | ● | | ● | | | | | | | | | | | | | |
| Hispanic | | | | ● | | | | | ● | | | | | | | | | |
| Native American/Alaska Native | | | | | | | | | | | | | | | | | | |
| Asian/Pacific Islander | | ● | | | | | ● | | | | | | | | | | | |
| Multiracial (including White) | | | | | | ● | | ● | | | | | | | | | | |
| Multiracial (excluding White) | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

## CONTACT INFORMATION FOR CSAP HIGH-RISK YOUTH DEMONSTRATION GRANTS INCLUDED IN *SIGNS OF EFFECTIVENESS*

### Inactive Grants

Grant #230
Asian Youth Substance Abuse Project
Bart Aoki
300 Fourth Street, Suite 200
San Francisco, CA 94107
(415) 541-9285 x223

Grant #391
Ojibwe Trails Project
Robert Dashner
P.O. Box 39
Odanah, WI 54861
(715) 682-7130

54

Grant #411
Operation PAR, Inc.
Thad Smith
10901 C Roosvelt Boulevard, Suite 1000
St. Petersburg, FL 33565
(813) 893-5444

Grant #537
Comprehensive Afro-American Adolescents Services Program
Jacqueline Butler
311 Martin Luther King Drive
Cincinnati, OH 45219
(513) 475-5357

Grant #618
Comprehensive Student Assistance in Residential Settings Program
Ellen Morehouse
Student Assistance Services
300 Farm Road
Ardsley, NY 10502
(914) 674-0400

Grant #767
Boys and Girls Clubs of America
Roxanne Spillette, Assistant National Director
1230 West Peachtree Street
Atlanta, GA 30309-3404
(404) 815-5700

Grant #915
Project LEAD: High Expectations Program
Dr. Flavia Walton
1200 Massachusetts Ave., NW
Washington, DC 20005
(202) 842-0123

### Active Grants

Grant #1101
RurAL CAP/Fort Yukon Youth Survivors' Project
David Hardenbergh
P.O. Box 200908
Anchorage, AK 99520
(907) 279-2511

Nancy James, Village Coordinator
Fort Yukon Youth Survivors
P.O. Box 7
Fort Yukon, AK 99740
(907) 662-2705

Grant #1212
Lutheran Child and Family Services of Michigan
Ms. Edna Walker
20830 Rutland Drive
Southfield, MI 48075
(313) 552-1050

Grant #1246
Substance Abuse Prevention/Intervention for Rural Youth Program
Frances Jackson
Youth Health Services Inc.
971 Harrison Avenue
Elkins, WV 26241
(304) 636-8035

Grant #1254
Inner-City Families in Action Program
Sue Rusche
National Families in Action
2296 Henderson Mill Road, #300
Atlanta, GA 30345
(404) 934-6364

Grant #1277
West Dallas Community Centers, Inc.
Zachary Thompson
8200 Brookriver Drive, Suite N704
Dallas, TX 75247
(214) 630-0006

Grant #1279
Creating Lasting Connections
Ted Strader
COPES
1228 East Breckinridge Street
Louisville, KY 40204
(502) 583-6820

Grant #1295
The CARE Project
Timothea Kirchner
1020 Lehigh Avenue
P.O. Box 150
Lancaster, PA 17608
(717) 291-6191

Grant #1394
Nizhoni Way Project
Dr. Kathryn Manuelito
1600 Eubank, NE
Albuquerque, NM 87112
(505) 275-0400

Grant #1397
Multi-Level Substance Abuse Primary Prevention Program
Janet Miller-Heyl
Cooperative Extension Services
Colorado State University
215 North Linden, Suite E
Cortez, CO 81321
(303) 565-3606

Grant #1404
Project Nuevo Ser
Giovanna deJuan
Roberto Clemente Sports City
P.O. Box 262677
San Juan, PR 00936-2677
(809) 750-2100 or 783-9595

Grant #1405
SUPER STARS
Dr. Gregg Raduka
Ms. Delores Anderson
Metro Atlanta Council on Alcohol and Drugs
2045 Peachtree Road, NE, Suite 605
Atlanta, GA 30309
(404) 351-1800

Grant #1416
CASPAR Intervention Project for High Risk Youth
Dr. Ruth Davis
CASPAR Alcohol and Drug Education Program
226 Highland Avenue
Somerville, MA 02143
(617) 623-2080

Grant #1422
Oklahoma Primary Prevention/Early Intervention Demonstration Project
(Nee-Kon Project)
Barbara Laquer or Ramona Moore
555 Constitution Street
American Indian Institute
College of Continuing Education
University of Oklahoma
Norman, OK 73037
(405) 325-4127

Grant #1435
TOGETHER! Project
Dr. J. David Hawkins
Social Development Research Group
University of Washington
School of Social Work
146 North Canal Street, Suite 211
Seattle, WA 98103
(206) 685-1997

Grant #1456
The Gateway Project
Sam Piha
40175 Lakeside Drive, Suite 110
Richmond, CA 94806
(415) 223-9270

Grant #1473
Fairbanks Native Association
Banarsi Lal
P.O. Box 74450
Fairbanks, AK 99707
(907) 452-6251

Grant #1479
Perth Amboy Latino Youth Program
Dr. Marilyn Aguirre-Molina
University of Medicine and Dentistry of New Jersey
Robert Wood Johnson Medical School
675 Hoes Lane-Trailer #2
Piscataway, NJ 08854-5635
(201) 463-5041

Grant #1648
University of Washington Program
Dr. Richard Catalano
Social Development Research Group
School of Social Work
University of Washington XD-50
146 North Canal Street, Suite 211
Seattle, WA 98103
(206) 543-6382

Grant #1682
Little Wound School Peer Counseling Program
Karen Robideau
P.O. Box 500
Kyle, SD 57752
(605) 455-2461

Grant #1751
A SAFE PLACE
Patricia Parrish
Atlanta Area Health Education Center
2391 Benjamin E. Mays Drive, SW
Atlanta, GA 30311
(404) 627-9620

Grant #1756
S.T.A.R.S.
Dr. Rhonda Rowland
Route 3, Box 710 Borgfeld Road
Cibolo, TX 78108
(512) 659-0133

Grant #1800
Progressive Life Center
Alcohol & Drug Abuse Demonstration Grant
Dr. Valerie Cherry
4115 Minnesota Avenue, NE
Washington, DC 20019
(202) 396-0075

Grant #2070
National Indian Youth Leadership Project
Project Venture
McClellan Hall
650 Vandenbosch Parkway
Gallup, NM 87301
(505) 722-9176

Grant #2205
Red Cliff Wellness Program
Ron DePerry
P.O. Box 529
Bayfield, WI 54814
(800) 634-9912 (outside Wisconsin)
(715) 779-3755 (in Wisconsin)

Grant #2307
School of Success
Gaylon Garrison
Liberty-Eylau Independent School District
Route 11
Box 446
Texarkana, TX 75501
(903) 831-5767

Grant #2403
Lac Du Flambeau Family Circles Prevention Project
Glory Allen
P.O. Box 67
Lac Du Flambeau, WI 54538
(715) 588-3303

Grant #2544
Young Latinas Substance Abuse Prevention Project
Laura Perez
Economic Development and Industrial Corporation
43 Hawkins Street
Boston, MA 02114
(617) 635-4700 x218

Grant #2597
Escuelita Substance Abuse Primary Prevention Program
Martha Gonzalez
722 Rayburn
San Antonio, TX 78221
(210) 927-7821

Grant #2630
Multi-Models Schools Program
Douglas J. McIver, Ph.D.
Center for Social Organization of Schools
The Johns Hopkins University
3505 North Charles Street
Baltimore, MD 21218
(410) 516-0375

Grant #2641
Everyday Theater
Ralph Faulk
Youth Substance Abuse Prevention Project
P.O. Box 70570
Washington, DC 20024
(202) 554-3893

Grant #2647
Child Development Project
Dr. Eric Schaps
Developmental Studies Center
2000 Embarcadero, Suite 305
Oakland, CA 94583
(510) 533-0213

Grant #2779
Across Ages
Dr. Nancy Henkin, Dr. Andrea Taylor
Temple University
1601 North Broad Street
Philadelphia, PA 19122
(215) 204-6970

Grant #2851
Helping Children and Their Families Face Drug Abuse
Dr. Aida Maldonado
P.O. Box 668
Caguas, PR 00726
(809) 744-2200

Grant #2885
Male Responsibility: Lifepower
Michael Cross
Detroit Urban League
208 Mack Avenue
Detroit, MI 48201
(313) 832-4600, x17

Grant #3073
Growing Up Well Project
Jill English
California's Southwest Regional Laboratory
4665 Lampson Avenue
Los Alamitos, CA 90720
(310) 598-7661

Grant #3664
Comprehensive Asian Youth Substance Abuse Prevention Project
Dr. Terry Gock
Asian Pacific Family Center
9353 East Valley Boulevard
Rosemead, CA 91770-1934
(818) 287-2988

Grant #3699
The FAST Program
Lynn McDonald
Family Service America
11700 West Lake Park Drive
Milwaukee, WI 53224
(414) 359-1040

Grant #4927
Shenandoah in Action Project
Dr. Jose Szapocznik
University of Miami
Spanish Family Guidance Center
1425 Northwest 10th Avenue, Third Floor
Miami, FL 33136
(305) 548-4592

# APPENDIX B:
# MATRIX AND CONTACT INFORMATION FOR OTHER CSAP HIGH-RISK YOUTH DEMONSTRATION GRANTS

## MATRIX FOR OTHER CSAP HIGH-RISK YOUTH DEMONSTRATION GRANTS

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 257 | 302 | 326 | 409 | 413 | 414 | 427 | 474 | 512 | 522 | 546 | 567 | 573 | 597 | 660 | 663 | 669 | 693 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | | ● | ● | ● | | ● | ● | ● | ● | | | ● | ● | ● | ● | ● | ● | ● |
| HIV information | | | | | | ● | | | | ● | | ● | ● | | ● | | ● | |
| Cultural values | | ● | ● | ● | | ● | ● | | ● | | ● | ● | ● | | ● | ● | ● | |
| Individual therapy | | | | | | ● | ● | | ● | ● | ● | | | | ● | ● | ● | ● |
| Group therapy | | | ● | | | ● | ● | | ● | ● | ● | | ● | ● | ● | ● | ● | ● |
| Family therapy | | | | | | ● | | | ● | ● | | | | | ● | ● | ● | |
| Support/self-help groups | | | | | | ● | ● | ● | ● | ● | | ● | ● | ● | ● | | | |
| Peer tutoring | | | | | | ● | ● | | | | ● | ● | | | | | | |
| Peer counseling/mentoring | | | ● | ● | | ● | ● | | ● | | | ● | | | ● | | | |
| Youth leadership | | ● | | ● | | ● | | | | | ● | ● | | | ● | | ● | ● |
| Youth decision-making skills | | ● | | ● | ● | ● | ● | | ● | | ● | ● | | | ● | | ● | ● |
| Youth interpersonal skills | | ● | ● | ● | | ● | | | ● | | ● | ● | | | ● | | ● | ● |
| Youth coping/life skills | | | ● | ● | ● | ● | ● | ● | ● | | ● | ● | | | ● | | ● | ● |
| Youth educational/vocational skills | | | ● | | | | | | | | ● | ● | | | | | ● | |
| Adult mentoring of youth | | ● | | | | | | | | | | ● | | | | | | |
| Alternative activities | | ● | | ● | ● | ● | | | ● | ● | ● | ● | | | ● | | | ● |
| Parenting skills | ● | | | ● | | ● | | ● | ● | | | ● | | | | | | ● |
| Case management | | | | | | | | ● | ● | ● | | ● | | | | ● | | ● |
| Outreach | | | | | | ● | ● | | ● | | ● | ● | | | ● | ● | | |
| Hotline | | | | | | | | | | | | | | | | | | |
| Training of providers | | | | ● | | ● | ● | ● | ● | | | ● | | ● | | | | ● |
| Transportation | | | | | | | | | ● | | | ● | ● | | | | | |
| HIV services | | | | | | | ● | | | | | | | | | | | |
| Substance abuse screening | | | ● | ● | | | ● | ● | ● | ● | ● | | | | | ● | | ● |
| Daycare | | | | | ● | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 257 | 302 | 326 | 409 | 413 | 414 | 427 | 474 | 512 | 522 | 546 | 567 | 573 | 597 | 660 | 663 | 669 | 693 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | | ● | ● | ● | ● | ● | | | ● | | ● | ● | ● | | | ● | |
| Suburban | ● | | | ● | ● | | | ● | | | ● | | | | | ● | | ● |
| Rural | ● | ● | | | ● | | | | ● | | | | | | ● | | | ● |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | | | ● | ● | ● | | | | ● | | | ● | ● | ● | | ● | ● | ● |
| Housing | | | | | | | | | | | ● | | | | | | | |
| Community | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● |
| Residential treatment | | | ● | | | | ● | | | | | | | | | | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | | | | ● | | | | | | | | | ● | | | | |
| 6–11 | ● | ● | | | ● | ● | ● | | ● | | ● | | | | | ● | ● | ● |
| 12–14 | | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | ● | | ● | ● | ● | ● |
| 15–18 | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | ● | ● | ● |
| 19–21 | | | | ● | | ● | | | | | | | | | | | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | | ● | ● | | | ● | ● | ● | ● | | | | | | | | | ● |
| African American | ● | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | | | | ● | ● | ● |
| Hispanic | | ● | ● | | | ● | ● | | ● | | ● | | | | | | | |
| Native American/Alaska Native | | ● | | | | | ● | | ● | | | | | | | | | |
| Asian/Pacific Islander | | ● | | ● | | | ● | | | | | | | | | | | |
| Multiracial (including White) | | | | | ● | | | ● | ● | | | | ● | | ● | | | |
| Multiracial (excluding White) | | | | | | | | | | | | | | ● | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 695 | 696 | 709 | 712 | 725 | 726 | 731 | 756 | 776 | 779 | 807 | 841 | 843 | 866 | 868 | 876 | 877 | 903 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | ● | ● | ● | ● |
| HIV information | | ● | ● | | | | ● | | | | ● | ● | | | | ● | ● | |
| Cultural values | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | ● | |
| Individual therapy | | | | ● | | ● | | | | ● | | | | | | | | |
| Group therapy | | | | ● | | ● | | | | ● | | | | | | | | |
| Family therapy | | | | | | | | | | ● | | | | | | | | |
| Support/self-help groups | ● | ● | ● | | | ● | | ● | | | ● | ● | | | | ● | ● | |
| Peer tutoring | | | | | ● | | ● | | ● | | | ● | | | | | | |
| Peer counseling/mentoring | ● | ● | ● | ● | ● | ● | | | | | ● | ● | | | | ● | | |
| Youth leadership | | ● | | ● | ● | | ● | ● | ● | | ● | ● | | | | ● | | |
| Youth decision-making skills | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | ● | ● |
| Youth interpersonal skills | | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | | ● | ● | ● | ● |
| Youth coping/life skills | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● |
| Youth educational/vocational skills | | | | ● | ● | ● | ● | | | | | ● | | | | | | |
| Adult mentoring of youth | | | | | ● | | ● | ● | | | ● | | | | | | | ● |
| Alternative activities | ● | ● | ● | ● | ● | | ● | | ● | | ● | | | | | ● | ● | ● |
| Parenting skills | ● | | ● | | ● | ● | ● | | ● | ● | ● | ● | ● | | | | | |
| Case management | ● | | | | ● | ● | | | | ● | ● | ● | | | | ● | | |
| Outreach | | | | ● | ● | ● | | | | ● | | | ● | | | ● | | |
| Hotline | | | | | | | | | | ● | | | | | | | | |
| Training of providers | ● | | ● | ● | ● | | | | ● | | | | ● | | | ● | ● | |
| Transportation | ● | ● | | | | | ● | | | | | | | | | ● | ● | |
| HIV services | | | | | | | | | | | | | | | | | | ● |
| Substance abuse screening | ● | | | | | ● | | ● | ● | | | | | | | ● | ● | |
| Daycare | ● | | | | ● | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 695 | 696 | 709 | 712 | 725 | 726 | 731 | 756 | 776 | 779 | 807 | 841 | 843 | 866 | 868 | 876 | 877 | 903 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | | ● | ● | | ● |
| Suburban | | | | | | | | | ● | | ● | | | | ● | | | |
| Rural | | ● | | | | | | ● | ● | | | | | | | ● | ● | ● |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | | | | | ● | | | ● | ● | | ● | | | | ● | ● | | |
| Housing | ● | ● | | | | | | | | | | | ● | | | | ● | |
| Community | | | ● | ● | ● | ● | ● | ● | | ● | | ● | | | ● | ● | | ● |
| Residential treatment | | | | | | | | | | | | | | | | | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | ● | | | | | ● | | | | | | | ● | | | | | |
| 6–11 | | | ● | | ● | ● | | ● | ● | ● | ● | | | | | ● | | |
| 12–14 | | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | | | ● | ● | ● | ● |
| 15–18 | | ● | | ● | ● | ● | ● | ● | ● | | ● | ● | | | ● | | ● | ● |
| 19–21 | | | | | ● | | ● | | | | | | | | | | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | ● | ● | | | | | | ● | | | ● | | | | ● | ● | ● | ● |
| African American | ● | | ● | ● | | | ● | ● | | | ● | ● | ● | | ● | ● | | ● |
| Hispanic | ● | | ● | ● | | | ● | ● | | | | ● | | | ● | ● | | ● |
| Native American/Alaska Native | ● | | | | | | | ● | | | | | | | | ● | | |
| Asian/Pacific Islander | ● | | | ● | | ● | | | | | | | | | | ● | | |
| Multiracial (including White) | ● | | | ● | ● | | | | ● | ● | | | | | ● | ● | | ● |
| Multiracial (excluding White) | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 953 | 970 | 976 | 1000 | 1080 | 1124 | 1125 | 1127 | 1136 | 1145 | 1155 | 1156 | 1180 | 1207 | 1208 | 1237 | 1252 | 1255 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● |
| HIV information | ● | | ● | ● | ● | ● | ● | | ● | | | | | | | ● | | |
| Cultural values | ● | ● | | | | ● | ● | ● | ● | ● | ● | | | ● | ● | ● | ● | ● |
| Individual therapy | ● | | | ● | ● | | ● | | ● | ● | | | | | | ● | | ● |
| Group therapy | | | | ● | ● | | ● | | ● | | | ● | | | | ● | | |
| Family therapy | | | ● | ● | ● | | ● | | | | | | | ● | | ● | | |
| Support/self-help groups | | ● | | ● | | ● | | | | ● | ● | ● | | | | ● | | |
| Peer tutoring | ● | | | | | ● | | ● | | ● | | | | | | | | |
| Peer counseling/mentoring | ● | | | | | ● | | | | ● | | ● | | | | | | |
| Youth leadership | | | | | | ● | | ● | | | | | ● | | | | ● | |
| Youth decision-making skills | | | | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | | ● | ● | ● |
| Youth interpersonal skills | | | ● | | | ● | ● | ● | ● | | ● | ● | ● | ● | | ● | ● | ● |
| Youth coping/life skills | ● | ● | ● | ● | | ● | ● | ● | ● | | ● | | ● | ● | | ● | ● | ● |
| Youth educational/vocational skills | ● | | | | | ● | | ● | ● | | ● | | | | | ● | | |
| Adult mentoring of youth | | | | | | ● | | | | | ● | | | | | | ● | |
| Alternative activities | ● | ● | | | | ● | ● | | | | ● | | | ● | | ● | | |
| Parenting skills | ● | ● | ● | ● | | ● | ● | | ● | ● | ● | ● | | | | | | ● |
| Case management | ● | | ● | ● | ● | | ● | | | | ● | ● | | | | ● | | ● |
| Outreach | ● | | ● | ● | ● | | ● | | | | | | | | | ● | | ● |
| Hotline | | | | ● | | | | | | | | | | | | | | ● |
| Training of providers | | ● | ● | ● | | | | | ● | ● | ● | ● | | | | ● | | |
| Transportation | | ● | ● | ● | | | ● | | | | | ● | | | | | | |
| HIV services | | | | | | | | | | | | | | | | | | |
| Substance abuse screening | | | | ● | ● | | | | | | | | | | | ● | | |
| Daycare | | | | ● | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 953 | 970 | 976 | 1000 | 1080 | 1124 | 1125 | 1127 | 1136 | 1145 | 1155 | 1156 | 1180 | 1207 | 1208 | 1237 | 1252 | 1255 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | ● | | ● | ● | ● | |
| Suburban | | ● | ● | ● | | ● | | | | | ● | | | | ● | ● | | |
| Rural | | ● | ● | ● | | | | | | ● | | | | ● | ● | ● | | ● |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | ● | ● | ● | ● | | ● | | ● | ● | ● | ● | | ● | ● | | ● | | |
| Housing | | ● | ● | | | ● | ● | | | | | ● | | | | ● | | |
| Community | | ● | ● | ● | ● | ● | | | | | | | ● | ● | ● | ● | ● | ● |
| Residential treatment | | | | | | | | | | | | | | | | ● | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | ● | | | | ● | | ● | | | | | | | ● | | | |
| 6–11 | | ● | | | | ● | ● | ● | ● | ● | | ● | | ● | | ● | | |
| 12–14 | ● | | ● | | ● | ● | ● | | ● | | ● | ● | ● | ● | | ● | ● | |
| 15–18 | ● | | ● | ● | ● | ● | | | ● | | | ● | ● | ● | | ● | | ● |
| 19–21 | ● | | | | | ● | | | | | | | | | | ● | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | | | ● | ● | | ● | | ● | | | | | | ● | | ● | | |
| African American | ● | ● | ● | ● | | ● | ● | ● | | | ● | | ● | ● | | ● | ● | |
| Hispanic | | | | ● | | ● | | ● | | | ● | ● | | ● | | ● | | |
| Native American/Alaska Native | | | | | | | | | | ● | | | | | ● | ● | | ● |
| Asian/Pacific Islander | | | | | | | | | | | | | | | | ● | | |
| Multiracial (including White) | | ● | | ● | ● | | | | | | | | | | | ● | | |
| Multiracial (excluding White) | | | | | | | | | ● | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 1268 | 1383 | 1393 | 1396 | 1411 | 1415 | 1436 | 1438 | 1439 | 1441 | 1558 | 1670 | 1676 | 1688 | 1706 | 1719 | 1726 | 1762 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| HIV information | | | ● | | | | | | | ● | ● | | | | ● | | ● | ● |
| Cultural values | | ● | ● | | | | ● | | | ● | ● | | | | ● | ● | ● | ● |
| Individual therapy | | | ● | | ● | | | | | | ● | ● | ● | ● | | | | |
| Group therapy | ● | | ● | | ● | | | | ● | | ● | ● | | ● | | ● | | ● |
| Family therapy | | | ● | | | | | | | | ● | | | | | | | |
| Support/self-help groups | ● | ● | ● | ● | | ● | | ● | ● | | ● | ● | | | ● | ● | | |
| Peer tutoring | ● | | ● | | | | ● | | | | | | | | ● | | | ● |
| Peer counseling/mentoring | | | ● | | ● | | ● | ● | ● | ● | ● | ● | | | ● | | | |
| Youth leadership | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | | | ● |
| Youth decision-making skills | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | | | ● |
| Youth interpersonal skills | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | | | ● |
| Youth coping/life skills | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | | | ● |
| Youth educational/vocational skills | | | | | | | | | | ● | | ● | | | ● | | | ● |
| Adult mentoring of youth | | ● | | | | | ● | | | ● | ● | | | | ● | | | ● |
| Alternative activities | | ● | ● | | ● | ● | ● | ● | | ● | ● | | ● | | ● | | | ● |
| Parenting skills | ● | ● | ● | | ● | ● | ● | ● | | | ● | | | ● | ● | | | ● |
| Case management | ● | | | ● | ● | | | | ● | ● | ● | | ● | | | | | ● |
| Outreach | | | ● | ● | ● | | ● | | ● | ● | ● | | | | ● | | | ● |
| Hotline | | | | | | | | | | | | | | | | | | |
| Training of providers | ● | | ● | | | ● | | ● | ● | | ● | ● | | ● | ● | ● | ● | |
| Transportation | | ● | | ● | | ● | ● | | | ● | | | | | ● | | | ● |
| HIV services | | | | | | | | | | | | | | | | | | |
| Substance abuse screening | ● | | | | | | | | | | ● | | | | | | | |
| Daycare | | | | | ● | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 1268 | 1383 | 1393 | 1396 | 1411 | 1415 | 1436 | 1438 | 1439 | 1441 | 1558 | 1670 | 1676 | 1688 | 1706 | 1719 | 1726 | 1762 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Suburban | | | | | ● | | | | | | | | | | | | | |
| Rural | | ● | | | | | | ● | | | | | | | | | | |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | ● | | ● | | ● | ● | | | | | | | ● | ● | ● | | ● | |
| Housing | | | ● | | | ● | | | | | | | | | | | ● | |
| Community | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | | | ● | ● | ● | ● |
| Residential treatment | | | | | | | | | | | | | | | | | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | | | | | ● | | | | | ● | | | | | ● | | |
| 6–11 | | ● | ● | ● | ● | ● | ● | | ● | | ● | ● | ● | | | ● | ● | ● |
| 12–14 | ● | ● | ● | | | ● | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | ● |
| 15–18 | | | ● | | | | | ● | | ● | ● | ● | | | | ● | | ● |
| 19–21 | | | ● | | | | | | | | ● | ● | | | | ● | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | | ● | ● | | | ● | | ● | | | | ● | | | | | | |
| African American | | ● | ● | | | ● | ● | | ● | ● | | | | | ● | | ● | ● |
| Hispanic | | ● | ● | | | ● | | | | ● | | | | | | | | |
| Native American/Alaska Native | | | | | | | | | | | ● | | | | | | | |
| Asian/Pacific Islander | | | | | | | | | | ● | | | | | | ● | | |
| Multiracial (including White) | ● | ● | | ● | ● | ● | | | | | | | ● | | | | | |
| Multiracial (excluding White) | | | | | | | | | | | | | | ● | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 1793 | 1804 | 1810 | 1823 | 1830 | 1835 | 1915 | 1978 | 2004 | 2007 | 2025 | 2069 | 2099 | 2181 | 2199 | 2208 | 2225 | 2259 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● |
| HIV information | | | | | | ● | ● | | | | ● | ● | | ● | | ● | | ● |
| Cultural values | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● |
| Individual therapy | | | | | | ● | ● | ● | ● | ● | | ● | ● | | | ● | | |
| Group therapy | | | ● | | | ● | ● | ● | ● | ● | | | | | | | | |
| Family therapy | | | | | | | | ● | ● | | | ● | ● | | | | | |
| Support/self-help groups | | ● | ● | | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | | | ● |
| Peer tutoring | | | | | ● | | ● | | | | ● | | | | | ● | | ● |
| Peer counseling/mentoring | | | ● | | ● | ● | ● | | | ● | ● | | ● | | | ● | | ● |
| Youth leadership | | | | | | ● | ● | | ● | ● | ● | ● | | ● | | ● | | ● |
| Youth decision-making skills | ● | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ● | | ● | ● | ● |
| Youth interpersonal skills! | ● | ● | ● | | ● | ● | ● | | ● | ● | ● | ● | | ● | | ● | ● | ● |
| Youth coping/life skills | ● | ● | ● | | ● | ● | ● | | ● | ● | ● | ● | | ● | | ● | ● | ● |
| Youth educational/vocational skills | | | | ● | | | ● | | | | ● | | | | | ● | | ● |
| Adult mentoring of youth | | | | ● | | ● | ● | | | | ● | | | | | | | ● |
| Alternative activities | | ● | | ● | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Parenting skills | ● | ● | ● | ● | ● | | | ● | ● | ● | | ● | ● | ● | ● | | ● | ● |
| Case management | | | | ● | | ● | | | | | ● | ● | ● | | | | | |
| Outreach | | | ● | | | | | ● | | | | ● | | ● | ● | | | |
| Hotline | | | | | | | | | | | | | | | | | | |
| Training of providers | | ● | ● | | ● | | ● | | | ● | ● | | | | | ● | ● | ● |
| Transportation | ● | | | | ● | | ● | | | ● | ● | | | ● | | | | ● |
| HIV services | | | | | | | | | | | | | | | | | | |
| Substance abuse screening | | | | | | | | ● | | | | | | | | | | |
| Daycare | ● | | | | ● | | ● | | | | | ● | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 1793 | 1804 | 1810 | 1823 | 1830 | 1835 | 1915 | 1978 | 2004 | 2007 | 2025 | 2069 | 2099 | 2181 | 2199 | 2208 | 2225 | 2259 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | ● | | ● | ● | | | ● | | | | ● | ● | ● | ● | ● | ● | ● |
| Suburban | | ● | | ● | | | | | ● | ● | | | | | ● | | ● | |
| Rural | | | ● | ● | | ● | ● | | | | ● | | | | | | | ● |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | | | ● | | | | ● | ● | | | | ● | | ● | | | | ● |
| Housing | | | | | | | | ● | | | | | | | | | | ● |
| Community | ● | ● | | ● | ● | ● | | ● | ● | ● | ● | | ● | | ● | ● | ● | ● |
| Residential treatment | | | | | | | | | | | | | | | | | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | | ● | | ● | | | | | | | | | ● | | | | ● |
| 6–11 | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | | ● | | | | ● | ● |
| 12–14 | | ● | ● | | ● | ● | ● | ● | ● | | ● | ● | ● | | ● | ● | | ● |
| 15–18 | | | ● | | ● | | ● | ● | | | ● | | ● | | ● | | | ● |
| 19–21 | | | | | ● | | | ● | | | ● | | | | ● | | | ● |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | | ● | | ● | | | | | ● | | | | | | ● | | | ● |
| African American | ● | ● | | ● | | | | | ● | | | ● | | ● | ● | | | ● |
| Hispanic | | ● | | ● | | | | | ● | | | | | ● | ● | ● | | ● |
| Native American/Alaska Native | | | ● | | | ● | ● | | | ● | ● | | | | ● | | | ● |
| Asian/Pacific Islander | | | | | | | | ● | | | | | ● | | ● | | ● | ● |
| Multiracial (including White) | | | | | ● | | | | | | | ● | | | ● | | | ● |
| Multiracial (excluding White) | | | | | | | | | | | | | | ● | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 2268 | 2277 | 2313 | 2346 | 2347 | 2350 | 2373 | 2472 | 2488 | 2584 | 2610 | 2631 | 2650 | 2678 | 2734 | 2746 | 2777 | 2809 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | ● | | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● |
| HIV information | | | ● | | ● | | | | | | | ● | ● | ● | ● | ● | ● | |
| Cultural values | ● | ● | ● | ● | ● | | ● | | | | ● | ● | ● | | ● | ● | ● | |
| Individual therapy | | | | | | | | | ● | ● | | ● | ● | ● | ● | ● | ● | ● |
| Group therapy | | | | | | | ● | | ● | | | ● | ● | | ● | ● | ● | ● |
| Family therapy | | | | | | | | | ● | | | ● | ● | ● | | ● | ● | ● |
| Support/self-help groups | ● | | ● | ● | ● | | | ● | | | | | | | ● | ● | | ● |
| Peer tutoring | | ● | ● | | ● | | ● | | ● | | | | ● | | ● | ● | | ● |
| Peer counseling/mentoring | ● | | ● | | | | ● | | ● | ● | ● | ● | | | | ● | ● | ● |
| Youth leadership | | ● | ● | ● | ● | | ● | | | | ● | ● | | | | | ● | ● |
| Youth decision-making skills | | ● | ● | | ● | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● |
| Youth interpersonal skills | | | ● | ● | ● | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● |
| Youth coping/life skills | | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● |
| Youth educational/vocational skills | | | | | ● | | ● | | | | | ● | | ● | | ● | | |
| Adult mentoring of youth | | | ● | ● | ● | | ● | | | | | ● | | | | | ● | |
| Alternative activities | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● |
| Parenting skills | | | | | | ● | | ● | | | | ● | ● | ● | ● | ● | | ● |
| Case management | | | | | | ● | | | | | | ● | ● | ● | | ● | ● | ● |
| Outreach | | | | | | | ● | | | | | ● | ● | ● | ● | ● | ● | |
| Hotline | | | | | | | | | | | | | | | | | ● | |
| Training of providers | | | ● | | | | ● | | | ● | | | | ● | ● | | ● | |
| Transportation | | | ● | | | | ● | | | ● | | ● | | ● | | ● | ● | |
| HIV services | | | | | | | | | | | | | | | ● | | | |
| Substance abuse screening | | | | | | | ● | | | | | ● | | | | | ● | |
| Daycare | | | | | | | | ● | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 2268 | 2277 | 2313 | 2346 | 2347 | 2350 | 2373 | 2472 | 2488 | 2584 | 2610 | 2631 | 2650 | 2678 | 2734 | 2746 | 2777 | 2809 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | |
| Suburban | | | | | | | | ● | | | | | | | | | | |
| Rural | ● | ● | ● | ● | | | ● | | | | | | | | | ● | | ● |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | | ● | | | | | ● | | | | ● | ● | ● | ● | ● | ● | ● | |
| Housing | | | | | | | | | ● | ● | | | | | | | | |
| Community | ● | | ● | ● | ● | ● | ● | ● | | | | | ● | ● | | ● | ● | ● |
| Residential treatment | | | | | | | | | | | | | | | | | ● | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | | ● | | | | | | | ● | | | | | ● | | | |
| 6–11 | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | | ● | ● | ● | ● |
| 12–14 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● |
| 15–18 | ● | | ● | ● | ● | ● | ● | | ● | ● | | | | ● | | | ● | ● |
| 19–21 | | | ● | | | | | | | | | | | ● | | | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | | | | | | | | | | | | | | | | | ● | |
| African American | | | | | | | | | | ● | | | | | ● | | ● | |
| Hispanic | | | | | | | ● | | ● | | ● | | ● | | ● | | ● | |
| Native American/Alaska Native | ● | ● | ● | ● | | | | | | | | | | | | | ● | ● |
| Asian/Pacific Islander | | | | | | | | | | | | | | ● | | | ● | |
| Multiracial (including White) | | | | | ● | | | ● | | | | ● | | | ● | ● | | |
| Multiracial (excluding White) | | | | | | | | | | | ● | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 2834 | 2875 | 2884 | 2902 | 2918 | 2924 | 3014 | 3023 | 3026 | 3044 | 3047 | 3080 | 3094 | 3095 | 3107 | 3537 | 3579 | 3585 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| HIV information | ● | | | ● | | ● | ● | | ● | ● | ● | | ● | ● | ● | | ● | ● |
| Cultural values | ● | ● | | ● | | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● |
| Individual therapy | ● | | ● | ● | | ● | | ● | | ● | | | | | | | ● | |
| Group therapy | ● | ● | ● | ● | ● | | ● | ● | | ● | | | | | | | ● | |
| Family therapy | | | ● | | | ● | | ● | | | | | | | | | ● | |
| Support/self-help groups | | | | ● | ● | | ● | ● | ● | ● | ● | | ● | | ● | | ● | ● |
| Peer tutoring | ● | | ● | ● | | | ● | ● | ● | ● | | | ● | ● | | | ● | ● |
| Peer counseling/mentoring | | ● | ● | ● | ● | | | ● | ● | | | | ● | | | | | ● |
| Youth leadership | | ● | | ● | ● | ● | ● | ● | ● | ● | | | ● | ● | | | ● | ● |
| Youth decision-making skills | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Youth interpersonal skills | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Youth coping/life skills | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Youth educational/vocational skills | | ● | ● | | ● | ● | ● | | ● | ● | | | ● | ● | | | ● | ● |
| Adult mentoring of youth | | | ● | ● | | | | ● | ● | | ● | | | ● | ● | ● | | ● |
| Alternative activities | | ● | ● | ● | | ● | ● | ● | ● | | ● | | ● | ● | | | ● | ● |
| Parenting skills | ● | | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Case management | ● | | ● | ● | ● | ● | | | ● | ● | ● | | ● | | ● | | ● | ● |
| Outreach | ● | | ● | ● | ● | | | ● | ● | ● | ● | | ● | | ● | ● | | ● |
| Hotline | | | | | | | | | | | | | | | | | | |
| Training of providers | ● | ● | ● | ● | | | | | | | ● | ● | | | | | ● | |
| Transportation | | | | | | | ● | ● | | ● | | | ● | ● | | | ● | ● |
| HIV services | ● | | | | | | | | | | | | | ● | | | | |
| Substance abuse screening | ● | | | | | | | | | | | | | | | | ● | |
| Daycare | | | | | | | | ● | | | | ● | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 2834 | 2875 | 2884 | 2902 | 2918 | 2924 | 3014 | 3023 | 3026 | 3044 | 3047 | 3080 | 3094 | 3095 | 3107 | 3537 | 3579 | 3585 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | ● | ● | ● | | ● | ● | | ● | ● | ● | | ● | ● | ● | ● | ● | ● |
| Suburban | | | | | ● | ● | | | | | ● | | | | ● | | | ● |
| Rural | | | | | | | | ● | | | | ● | | | | | | |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | | | | ● | ● | ● | | ● | | | | ● | ● | | | | | |
| Housing | ● | | | | | | | | | ● | | | | | | | | |
| Community | ● | ● | | ● | | | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Residential treatment | | | | | | | | | | | | | | | | | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | | | | | | | ● | | ● | | | | | ● | ● | | |
| 6–11 | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | | ● | | | ● |
| 12–14 | ● | ● | ● | ● | | ● | ● | ● | ● | | ● | ● | ● | ● | ● | | ● | ● |
| 15–18 | ● | ● | | ● | | ● | | ● | ● | | ● | | | ● | ● | | ● | ● |
| 19–21 | | | | ● | | | | ● | | | | | | | ● | | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | ● | ● | ● | | | ● | | | | | | ● | ● | | | ● | ● | |
| African American | ● | ● | ● | | | ● | ● | | ● | ● | | | ● | ● | | ● | ● | |
| Hispanic | | | ● | | | ● | ● | | | | ● | | ● | | | ● | ● | |
| Native American/Alaska Native | | | | | | ● | ● | ● | | | | | | | | ● | | ● |
| Asian/Pacific Islander | | | | | | ● | | | | | | | ● | | ● | | | |
| Multiracial (including White) | | | | ● | ● | | ● | | | | | | | | | ● | | |
| Multiracial (excluding White) | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 3690 | 3714 | 3846 | 3865 | 3888 | 4070 | 4154 | 4206 | 4726 | 4729 | 4731 | 4771 | 4773 | 4827 | 4838 | 4849 | 4860 | 4865 |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | | ● | ● | ● |
| HIV information | | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | | | | ● | ● |
| Cultural values | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | |
| Individual therapy | ● | | ● | | ● | | ● | | | ● | | | ● | ● | ● | ● | | |
| Group therapy | | | ● | | ● | ● | ● | | | | | | | ● | ● | ● | | ● |
| Family therapy | ● | | ● | | | | ● | | | ● | | | ● | ● | ● | ● | | ● |
| Support/self-help groups | ● | ● | ● | | ● | ● | ● | ● | ● | ● | | ● | ● | ● | | ● | | ● |
| Peer tutoring | | ● | ● | | ● | | ● | ● | | | | | | ● | | ● | | |
| Peer counseling/mentoring | ● | ● | ● | ● | ● | | ● | ● | | | | ● | ● | ● | | ● | | ● |
| Youth leadership | | ● | ● | ● | ● | | ● | ● | | ● | | ● | ● | ● | | ● | ● | ● |
| Youth decision-making skills | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| Youth interpersonal skills | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Youth coping/life skills | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | | |
| Youth educational/vocational skills | | | | | ● | ● | ● | ● | | | | ● | ● | ● | ● | ● | ● | |
| Adult mentoring of youth | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | ● | ● |
| Alternative activities | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | ● | ● | ● | ● | ● | ● |
| Parenting skills | ● | | ● | ● | | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● |
| Case management | | | ● | | ● | | ● | ● | | | | | ● | ● | ● | ● | | ● |
| Outreach | ● | ● | ● | | ● | ● | | | ● | ● | ● | | ● | | ● | | ● | ● |
| Hotline | | | | | | | | | | | | | | | | | | |
| Training of providers | ● | | ● | ● | | | | | ● | ● | ● | | ● | | | | | |
| Transportation | | ● | ● | | | ● | | | | ● | | ● | ● | | ● | | ● | ● |
| HIV services | | | ● | | | | | | | | | | ● | | | | | |
| Substance abuse screening | | | ● | | | | | | | | | | ● | | | | | |
| Daycare | ● | | ● | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 3690 | 3714 | 3846 | 3865 | 3888 | 4070 | 4154 | 4206 | 4726 | 4729 | 4731 | 4771 | 4773 | 4827 | 4838 | 4849 | 4860 | 4865 |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | | ● | ● | ● | ● | ● | ● | | ● | ● | ● | | | ● | | ● | |
| Suburban | | | | | | | | | ● | | | | ● | | | | | |
| Rural | | ● | | | | | | | | | | | ● | ● | | ● | | ● |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | | ● | ● | | | ● | | | | | | | ● | | ● | ● | | ● |
| Housing | | | ● | | | | | | ● | | | | ● | ● | | | | |
| Community | ● | ● | ● | ● | ● | | ● | ● | | ● | ● | ● | ● | | | | ● | ● |
| Residential treatment | | | | | | | | | | | | | | | | | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | ● | | | | | | | | | | | | | ● | | ● | | |
| 6–11 | | | ● | ● | ● | | ● | | ● | | ● | | ● | ● | ● | ● | ● | ● |
| 12–14 | | ● | | | ● | ● | ● | ● | ● | ● | | | ● | ● | ● | ● | | |
| 15–18 | | ● | | | | ● | | ● | ● | | | ● | ● | ● | | ● | | |
| 19–21 | | | | | | | | | | | | | | | | | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | ● | | ● | | | | | ● | | | | | | | ● | | | ● |
| African American | ● | | ● | | | ● | | ● | ● | ● | | | | | ● | | | ● |
| Hispanic | ● | | ● | ● | | | | | | | | | | | ● | | | ● |
| Native American/Alaska Native | | ● | ● | | | | | | | | | | | | ● | | ● | |
| Asian/Pacific Islander | | | ● | | | | | | | | | | | | | ● | | |
| Multiracial (including White) | ● | | | | ● | | ● | | | | | | | | | | | ● |
| Multiracial (excluding White) | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 4878 | 4936 | 4967 | 4968 | 4981 | 4986 | 5020 | 5031 | 5032 | 5037 | 5074 | 5135 | 5148 | 5579 | 6068 | 6239 | 6248 | |
| **INTERVENTIONS** | | | | | | | | | | | | | | | | | | |
| AOD information | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | ● | ● | ● | |
| HIV information | | ● | ● | | ● | ● | | | ● | ● | | ● | | | ● | ● | ● | |
| Cultural values | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| Individual therapy | | | ● | ● | ● | ● | | ● | ● | | ● | | | ● | | ● | ● | |
| Group therapy | | | ● | | ● | ● | | | ● | | ● | | | ● | ● | ● | ● | |
| Family therapy | | | ● | ● | ● | ● | | ● | ● | | | | | ● | | ● | | |
| Support/self-help groups | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | | ● | ● | |
| Peer tutoring | | ● | ● | | ● | ● | ● | | ● | | | ● | ● | | | ● | | |
| Peer counseling/mentoring | | ● | ● | ● | ● | ● | ● | | ● | | ● | ● | ● | | | ● | | |
| Youth leadership | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | |
| Youth decision-making skills | | ● | ● | ● | ● | ● | ● | | ● | | ● | ● | ● | | ● | ● | ● | |
| Youth interpersonal skills | | ● | ● | ● | ● | ● | ● | | ● | | ● | ● | ● | ● | | ● | ● | |
| Youth coping/life skills | | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| Youth educational/vocational skills | ● | ● | ● | | ● | ● | ● | ● | | ● | | ● | ● | ● | ● | ● | ● | |
| Adult mentoring of youth | | ● | ● | | ● | ● | | ● | | | | ● | ● | ● | | ● | | |
| Alternative activities | ● | | ● | ● | | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | |
| Parenting skills | ● | ● | ● | ● | ● | ● | | ● | ● | | ● | ● | ● | ● | ● | | ● | |
| Case management | | ● | ● | ● | | ● | | ● | | | ● | | ● | ● | ● | ● | ● | |
| Outreach | ● | ● | ● | | ● | ● | | | | | | | | | | ● | ● | |
| Hotline | | | | | | ● | | | | | | | | | | | | |
| Training of providers | | ● | ● | | | ● | | | ● | | ● | | ● | | | | ● | |
| Transportation | | | ● | ● | ● | ● | | | ● | | | | | | | ● | | |
| HIV services | | | | | | ● | | | | | | | | | | | | |
| Substance abuse screening | | | ● | | | ● | | | | | ● | | | | | ● | | |
| Daycare | | | | | | ● | | | | | | | | | | | | |

| | GRANT # | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATA** | 4878 | 4936 | 4967 | 4968 | 4981 | 4986 | 5020 | 5031 | 5032 | 5037 | 5074 | 5135 | 5148 | 5579 | 6068 | 6239 | 6248 | |
| **ENVIRONMENT** | | | | | | | | | | | | | | | | | | |
| Urban | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | |
| Suburban | | | | ● | | | | | | | ● | | | | | | | |
| Rural | | | ● | | | | | | | | ● | ● | | | | | | |
| **SETTING** | | | | | | | | | | | | | | | | | | |
| School | | ● | ● | | | ● | | | | | ● | ● | ● | | | ● | ● | |
| Housing | | | | | | | | ● | | ● | | ● | | | ● | | | |
| Community | ● | | ● | ● | ● | | ● | ● | ● | | ● | ● | | ● | | ● | | |
| Residential treatment | | | | | | | | | | | ● | | | | | | | |
| **AGE** | | | | | | | | | | | | | | | | | | |
| <5 | | | ● | | | | | | | ● | | | | | | | ● | |
| 6–11 | ● | | ● | ● | ● | | | ● | ● | ● | | ● | | ● | ● | | | |
| 12–14 | ● | ● | | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | | ● | | |
| 15–18 | ● | | | ● | | ● | ● | | ● | | ● | ● | | ● | | ● | | |
| 19–21 | | | | | | | ● | | | | ● | ● | | | | | | |
| **RACE** | | | | | | | | | | | | | | | | | | |
| White | | | ● | | | ● | | | ● | | | ● | ● | | | ● | | |
| African American | | | ● | | ● | ● | | | | | | ● | | ● | ● | ● | | |
| Hispanic | | ● | | | | ● | | | | | | ● | ● | | | ● | | |
| Native American/Alaska Native | | | | | | | | | | | | | ● | | | | | |
| Asian/Pacific Islander | ● | | | ● | | | | ● | | | | | | | | | | |
| Multiracial (including White) | | | | | | ● | ● | | | | ● | | | | | ● | ● | |
| Multiracial (excluding White) | | | | | | | | | | ● | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |

## CONTACT INFORMATION FOR OTHER CSAP HIGH-RISK YOUTH DEMONSTRATION GRANTS*

### Inactive Grants

Grant #257
Young Children of Substance Abusers Project
Molly Brooms or Jay Muller
200 Interstate Park Drive
P.O. Box 3710
Montgomery, AL 36109-0710
(205) 271-9253

Grant #302
Project RFD--Rural Family Development
Kathy Hobby
255 West Main Street
Mount Pleasant, UT 84647
(801) 462-2416

Grant #326
Early Intervention for Delinquent/Drug Using Adolescents
Alfred S. Friedman, Ph.D.
Belmont Center for Comprehensive Treatment
4200 Monument Road
Philadelphia, PA 19131
(215) 877-6408

Grant #409
Targeted Asian Drug and Alcohol Prevention Team (ADAPT)
Shu H. Cheng
Asian Association of Utah
28 East 2100 South, Suite 102
Salt Lake City, UT 84115
(801) 467-6060

Grant #413
Street Talking Productions for Targeted Families
Beverly Hunter
Human Services
Greenville Technical College
P.O. Box 5616
Greenville, SC 29606-5616
(803) 250-8297

Grant #427
Prevention and Early Intervention Project Serving High Risk Youth and Their Families
John Gressman and Theresa Ramirez
San Francisco Community Clinic Consortium
1748 Market Street, Suite 205
San Francisco, CA 94102
(415) 252-7291

Grant #474
Adolescent Early Intervention Project
Jeffrey Shelton, Ph.D., LPC
Chesapeake Substance Abuse Program
524 Albemarle Drive
Chesapeake, VA 23328
(804) 547-3336

Grant #512
Community Based Adolescent Resource Center (C-Bar-C)
Tim Murray
120 West Main
Casa Grande, AZ 85222
(602) 836-1688

Grant #522
Comprehensive Prevention Program
Kathy Lyle
Pierce County Juvenile Court
5501 Sixth Avenue
Tacoma, WA 98406
(206) 761-8104

* Certain grants listed in the matrix no longer have valid contact information, and are therefore not listed here

Grant #546
Targeted Primary Prevention Housing Project Demonstration Program
Tina J. Hament
Glen Cove City Hall
Bridge Street
Glen Cove, NY 11542
(516) 676-2019/2008

Grant #567
Early Intervention Substance Abuse Program for High Risk Youth
Lonnie E. Mitchell, Ph.D.
Coppin State College
2500 West North Avenue
Baltimore, MD 21216
(410) 383-5540

Grant #573
Early Intervention: Peer Support Retreats
Peggy Glider, Ph.D.
3965 West Orangewood Drive
Tucson, AZ 85741
(602) 744-6401

Grant #597
Community School District 18
Leah Koenig
755 East 100th Street
Brooklyn, NY 11236
(718) 257-7533

Grant #660
Central Coast Youth Program
Margie Lopez and Maria Delgadilla
150 Tegas Place
Nipomo, CA 93444
(805) 429-3211

Grant #663
African American Intervention Project
Sandy Fagan
Bacon Street, Inc.
247 McLaws Circle
Williamsburg, VA 23185
(804) 253-0111

Grant #669
Early Intervention to Counter Drug/Alcohol Abuse
Dr. Elliott I. Bovelle
Family and Medical Counseling Services, Inc.
2041 Martin Luther King Jr. Avenue, SE
Suite 105
Washington, DC 20020
(202) 889-7900

Grant #693
Prime Time Project
James Billow
L.A.P.P.
62 East Stevens Street
Newark, OH 43055
(614) 366-7303

Grant #695
Morningsong Homeless Family Support Center
Joan B. Poliak
615 Second Avenue, Suite 150
Seattle, WA 98104-2200
(206) 461-3883/6940

Grant #696
Kids in Community Service
Tom Howard
Washington County Youth Service Bureau
P.O. Box 627
Montpelier, VT 05601
(802) 229-9151

Grant #709
Wilmington Cluster Against Substance Abuse
Henry Wood or Lorie Tudor
1825 Faulkland Road, Room 210
Wilmington, DE 19805-1195
(302) 633-2678/2712

Grant #712
Comprehensive Alcohol and Drug Rehabilitation and Early Intervention (CADRE)
Wayne Clark, Ph.D.
1380 Howard Street, Fourth Floor
San Francisco, CA 94103
(415) 255-3500

Grant #725
Comprehensive Greater Alliance of Prevention Systems
Lucy Lang-Chappell, ACSW, Ph.D.
The Bobby E. Wright Comprehensive Community Mental Health Center, Inc.
9 South Kedzie Avenue
Chicago, IL 60612
(312) 722-7900

Grant #726
Swope Parkway Health Center
Dianne Cleaver
4900 Swope Parkway
Kansas City, MO 64130
(816) 923-5800

Grant #731
Targeted Primary Prevention Program
Lori A. Tatsapaugh, M.P.H.
Department of Children and Families
170 Sigourney Street
Hartford, CT 06105
(203) 566-8775

Grant #756
Project Impact
Dr. Steven Ungerleider
c/o Integrated Research Services
The North Bank 66 Club Road, Suite 370
Eugene, OR 97401
(503) 683-9278

Grant #776
Kansas Early Intervention Project-School Team Training Model
Ron Miller
Kansas Department of Social and Rehabilitation Services
3300 Southwest Oakley
Topeka, KS 66606
(913) 296-3925

Grant #779
Targeted Services to Children of Substance Abusers
Peggie Van Fleet
Southern California Alcohol and Drug Programs, Inc.
8515 Florence Avenue, Suite 200
Downey, CA 90240
(310) 923-4545

Grant #807
CHOICE Intervention Alcohol and Drug Program (Children Have Options in Choosing Experiences)
Mary A. Bemker and Liz Sias-Shannon
3715 Bardstown Road, Suite 303
Louisville, KY 40218
(502) 456-5137

Grant #841
Project Step Ahead
Maura Grossman, Ph.D.
Fordham-Tremont Community Mental Health Center
2021 Grand Concourse
Bronx, NY 10453
(718) 960-0351

Grant #843
Child and Family Options
Harriet Meyer
Center for Successful Child Development
c/o The Ounce of Prevention Fund
188 West Randolph, Suite 2200
Chicago, IL 60601
(312) 853-6080

Grant #866
Early Children Substance Abuse Prevention Project (ECSAPP)
Terry R. Reid
Tacoma-Pierce County Health Department
Mailstop CHD-049
3629 South D Street
Tacoma, WA 98408
(206) 591-6405

Grant #868
Early Intervention Using an Interactive Videodisc
Dr. E. Don Nelson
M.L. 144
231 Bethesda Avenue
Cincinnati, OH 45267-0144
(513) 558-9178

Grant #876
Friendly PEERsuasion Substance Abuse Prevention Program
Harilyn Rousso
Girls Incorporated
30 East 33d Street, Seventh Floor
New York, NY 10016
(212) 689-3700

Grant #877
Drug Abuse Reduction Training
Tom Howard
Washington County Youth Service Bureau
P.O. Box 627
Montpelier, VT 05601
(802) 229-9151

Grant #903
Booster Sessions: A Targeted Demonstration Approach
Tena L. St. Pierre
N253 Burrowes Building
Penn State University
University Park, PA 16802
(814) 865-0399

Grant #953
City Lights School
Dr. Bert L'Homme
62 T Street, NE
Washington, DC 20002
(202) 832-4055

Grant #970
Pre-School Stress Relief Project
Jennie C. Trotter or Gloria S. Elder
Wholistic Stress Control Institute, Inc.
3480 Greenbrier Parkway, Suite 310-B
Atlanta, GA 30331
(404) 344-2021

Grant #976
Comprehensive Treatment of High Risk Youth
Molly Brooms or Jay Muller
200 Interstate Park Drive
P.O. Box 3710
Montgomery, AL 36109-0710
(205) 271-9253

Grant #1000
Pregnant Adolescent Substance Abuse Project
A. James McKnight
8201 Corporate Drive, Suite 230
Landover, MD 20785
(301) 731-9891

Grant #1080
Prevention, Intervention and Education Program
Alison Schwartz
Integrity, Inc.
103 Lincoln Park
Newark, NJ 07102
(201) 623-0600

Grant #1255
Project H.E.L.P.
Marie E. Gouley
Skokomish Indian Tribe
North 80, Tribal Center Road
Shelton, WA 98584
(205) 426-4232

Grant #1438
Substance Abuse Prevention for Abused Adolescents
Laura Ronan
Medical Care Development, Inc.
11 Parkwood Drive
Augusta, ME 04330
(207) 622-7566

Grant #1558
The N.A.T.I.V.E. Project
Toni Lodge
W1803 Maxwell
Spokane, WA 99201
(509) 327-2707

Grant #2007
Fort Belknap Indian Community
Emory Champagne
RR 1, Box 66
Harlem, MT 59527
(406) 673-3281

Grant #2268
United Crow Band, Inc.
William Miller
P.O. Box 131
Tok, AK 99780
(907) 883-5137

Grant #2277
Project P.R.A.S.E.
Gerald Miller
North 80 Tribal Center Road
Shelton, WA 98584
(206) 426-4232

## Active Grants

Grant #1124
Hawthorne-Irving Partnership for Human Enhancement
Thomas Schroeder, Executive Director
RICCA, Rock Island County Council on Addictions
1607 John Deere Road
Route #2, Box 288
East Moline, IL 61244
(309) 792-0292

Grant #1125
Juvenile Substance Abuse Prevention Project
Martin Laser
Metro-Dade Department of Youth and Family Services
1701 Northwest 30th Avenue
Miami, FL 33125
(305) 633-6481

Grant #1127
Theater Arts Program
Karen Robinson
P.O. Box 351
Daytona Beach, FL 32115
(904) 258-7072

Grant #1136
Archdiocese of New York Drug Abuse Prevention Program (ADAPP)
Sally Ann Shields, Executive Director
Department of Education, Archdiocese of New York
2789 Schurz Avenue
Bronx, NY 10465
(718) 904-1333

Grant #1145
Wyoming Indian Schools
Garrett Goggles
PASS (Parents and Students Succeed)
P.O. Box 340, Lander Route
Ethete, WY 82520
(307) 332-2063

Grant #1155
Project Support
Marian Cassata
239 Cold Spring Road
Syosset, NY 11791
(516) 496-0553

Grant #1156
Puerto Rico Department of Anti-Addiction Services
Nydio Luiggi Lopez
P.O. Box 21414
Rio Piedras, PR 00928
(809) 751-6915

Grant #1180
SPACES
Rose Hake
311 South Juniper Street, Seventh Floor
Philadelphia, PA 19107
(215) 545-5230

Grant #1207
High Risk Youth Demonstration Project
Clementina Cantu
Southwest Texas State University
601 University Drive
San Marcos, TX 78666
(512) 245-2449

Grant #1208
Renewing Traditions
Kathryn Stevens
Arizona Department of Education
1535 West Jefferson
Phoenix, AZ 85007
(602) 542-4275

Grant #1237
Kids on the Edge
Michael Rainey
Illinois Department of Alcohol and Substance Abuse
100 West Randolph, Suite 5-600
Chicago, IL 60601
(312) 814-6432

Grant #1252
HAWK Project
Wade Nobles, Ph.D.
175 Filbert Street, #202
Oakland, CA 94607
(510) 836-3245

Grant #1268
Irvine Prevention and Early Intervention Program
Nancy Richard Colocino
Irvine Unified School District
5050 Barranca
Irvine, CA 92714
(714) 552-4882

Grant #1383
Involving Parents of High-Risk Youths in Prevention
Tena L. St. Pierre
N253 Burrowes Building
Penn State University
University Park, PA 16802
(814) 865-0399

Grant #1393
Community Alternatives to Substance Abuse (CASA)
Deborah Shore, Executive Director
Sasha Bruce Youthwork, Inc.
1022 Maryland Avenue, NE
Washington, DC 20002
(202) 675-9340

Grant #1396
The New Directions Program
Sean Lincoln
Roxbury Comprehensive Community Health Center
435 Warren Street
Roxbury, MA 02119
(617) 442-7400

Grant #1411
Centralia School District Primary Prevention Project
Deborah King
6625 La Palma Avenue
Buena Park, CA 90620
(714) 228-3191

Grant #1415
Rainbow Days, Inc.-Family Connection
Susan Hoff
8300 Douglas #701
Dallas, TX 75225
(214) 361-5437

Grant #1436
Going Places
Thomas M. Slaven
Drug Action of Wake Co., Inc.
2805 Industrial Drive
Raleigh, NC 27609
(919) 834-4453

Grant #1439
TEAM
Mahmoud Baptiste
KOBA Institute, Inc.
1156 15th Street, NW, Suite 200
Washington, DC 20005
(202) 328-5725

Grant #1441
Teen Action Research Project
Jean J. Schensul, Ph.D.
Institute for Community Research
99 Asylum Avenue
Hartford, CT 06105
(203) 278-2044

Grant #1670
Community Brothers and Sisters Against Drugs Consortium
National Council of Negro Women
Dorothy Height
1104 Allison Street, NW
Washington, DC 20011
(202) 726-7365

Grant #1676
Community AOD Prevention Program
Patricia Ladouceur, Ph.D.
Inter Agency Council
555 Santa Clara Street
Vallejo, CA 94590
(707) 551-2397

Grant #1688
District 75/Citywide Program
Kathleen LeFeuvre
110 Livingston Street, Room 248
Brooklyn, NY 11201
(718) 935-3579

Grant #1706
Community Organization Approach for the Middle School
Folami Prescott
Morehouse School of Medicine
720 Westview Drive, SW
Atlanta, GA 30310
(404) 752-1896

Grant #1719
Asian Pacific Youth Project
Michael Watanabe
Asian American Drug Abuse Program
5318 South Crenshaw Boulevard
Los Angeles, CA 90043
(213) 293-6284

Grant #1726
The Youth "Rites" Project
Elliott I. Bovelle, Ph.D.
Family and Medical Counseling Services
2041 Martin Luther King Avenue, SE, Suite 105
Washington, DC 20020
(202) 889-7900

Grant #1762
Project GOLD
Catherine W. Howard, Ph.D.
Virginia Commonwealth University
Department of Psychology
Box 2018, MCV Station
Richmond, VA 23284-2018
(804) 367-9303

Grant #1793
The Safe Haven Program
Georgia B. Aktan, Ph.D.
Detroit Health Department
Bureau of Substance Abuse
1151 Taylor, Building 1
Detroit, MI 48202
(313) 876-4743

Grant #1804
Happy Child Family Substance Abuse Prevention Project
Brita E. Ferm, M.A.
Happy Child, Inc.
4420 Rainier Avenue, Suite 304
San Diego, CA 92120
(619) 285-1301

Grant #1810
Rural Alaska Community Action Program
Jeannine Kennedy
P.O. Box 200908
Anchorage, AK 99520
(907) 279-2511

Grant #1823
Full Circle: Senior/Youth Partnership Project
Cecilia Ortiz
Center for Applied Prevention Research
250 Arapahoe Avenue, #301
Boulder, CO 80302
(800) 972-4636

Grant #1830
Spectrum of Prevention
San Francisco Community Clinic Consortium
John Gressman
501 2nd Suite 120
San Francisco, CA 94107-1441
(415) 243-3400

Grant #1835
Grand Traverse Band of Ottawa/Chippewa Indians
John Concannon
Route #1, P.O. Box 135
Suttons Bay, MI 49682
(616) 271-3538

Grant #1915
Choctaw Substance Abuse Prevention Project
Mattie Mae Brown
Mississippi Band of Choctaw Indians
P.O. Box 6010
Philadelphia, MS 39350
(601) 656-5251

Grant #1978
Recovery for East Bay Asian Youth (REBAY)
Alan Shinn
310 Eighth Street, Suite 201
Oakland, CA 94607
(510) 451-6729

Grant #2004
Empowering Families Schools and Communities to Reduce Children's Risk for Drug Abuse: A Joint School System and University Initiative
David Jacob
Prince George's County Public Schools
14201 School Lane
Upper Marlboro, MD 20772
(301) 386-1619

Grant #2025
N.W. Inter-Tribal Early Intervention Youth
Susan Keatcher
P.O. Box 460
Darrington, WA 98241
(206) 436-0345

Grant #2069
Boston Youth Development Project
Hal Phillips
Harvard Street Neighborhood Health Center
895 Blue Hill Avenue
Boston, MA 02124
(617) 287-9564

Grant #2099
United Cambodian Community, Inc.
Kayte Deioma
2338 East Anaheim Street, Suite 200
Long Beach, CA 90504
(213) 433-2490

Grant #2181
Project Scaffold
Dorothy J. Kennison
United Planning Organization
815 Florida Avenue, NW, Suite 306
Washington, DC 20001
(202) 328-8247

Grant #2199
Youth Recovery Project
Chuck Adam
S.A.S.S.I.
2266 North Prospect Avenue, #310
Milwaukee, WI 53202
(414) 276-5151

Grant #2208
Education Development Center Inc.
Melvin Delgado
55 Chapel Street
Newton, MA 02160
(617) 353-3811

Grant #2225
Strengthening Hawaii's Families
Sandra Lacar or Cheryl Kameoka
Coalition for a Drug-Free Hawaii
1218 Waimanu Street
Honolulu, HI 96814
(808) 593-2221

Grant #2259
The Chance for Youth Project
Eagle Ridge Institute
D. Dean Riley
4801 North Classen, Suite 200
Oklahoma City, OK 73118
(405) 840-1359

Grant #2313
Beyond Blue Bay
Gary Neumann
Confederated Salish and Kootenai
P.O. Box 278
Pablo, MT 59855
(406) 675-2700

Grant #2346
Toiyabe Indian Health Project Family Service Program
Art Martinez, Ph.D.
Toiyabe Indian Health Project, Inc.
P.O. Box 1296
Bishop, CA 93515
(619) 873-6394

Grant #2347
GIRLS' Center Project
William Doherty
Boston Community Centers
1010 Massachusetts Avenue
Boston, MA 02118
(617) 635-4920

Grant #2350
Family Interventions with High Risk Minority Adolescents
Jose Szapocznik
University of Miami
1425 Northwest 10th Avenue, Third Floor
Miami, FL 33136
(305) 548-4592

Grant #2373
SW Inhalant Drug Abuse Prevention Initiative
Heather Jeffery
COSSMHO National Coalition of Hispanic Health and Human Service Organizations
1501 16th Street, NW
Washington, DC 20036
(202) 797-4339

Grant #2472
EAP Prevention of Substance Abuse Among Latchkey Youth
Neil Colan, Ph.D.
Boston University Center on Work and Family
One University Road
Boston, MA 02215
(617) 353-7225

Grant #2488
Guamani Intervention and Prevention Service for Youth (GIPSY)
Nydia Luiggi Lopez
Department of Anti-Addiction Services
Rio Piedras Station, Box 21414
Rio Piedras, PR 00928
(809) 763-3133

Grant #2584
Institute for African American Youth After School/Summer Program
Carolyn Bell
Community Health Resources, Inc.
1380 Poplar
Memphis, TN 38104
(901) 725-4731

Grant #2610
Project ESTEEM
Peggy W. Stevens
Education Development Center
55 Chapel Street
Newton, MA 02160
(617) 969-7100

Grant #2631
Students Taking a Risk To Succeed (STARS)
Michael Kirby, Jr., Ph.D.
Arapahoe House, Inc.
8801 Lipan Street
Thornton, CO 80221
(303) 657-3700

Grant #2650
Hispanic Family Development Project
Martin S. Laser
Metro-Dade Department of Youth and Family Development
1701 Northwest 30th Avenue
Miami, FL 33125
(305) 633-6481

Grant #2678
Southeast Asian Family Empowerment Project
Holly Lockwood
South Cove Community Health Center
254 Adams Street
Dorchester, MA 02122
(617) 825-1861

Grant #2734
Primary Mental Health Project
Wilfredo Laboy
Community School District #4
319 East 117th Street
New York, NY 10035
(212) 860-5981/82

Grant #2746
Say Yes First to Rural Youth and Family Alcohol/ Drug Prevention
Kathleen Zavela, Ph.D.
Department of Community Health and Nutrition
University of Northern Colorado
Michener L136
Greeley, CO 80639
(303) 351-1516

Grant #2777
Youth Crisis Center
Joan Taylor or Gwen Nelson
4819 Soutel Drive
Jacksonville, FL 32208
(904) 766-3040

Grant #2809
Oglala Sioux Tribe
Patricia Catches
P.O. Box 279
Porcupine, SD 57772
(605) 867-1398

Grant #2834
Transitional Housing Program Substance Abuse Prevention Program
Jennifer Jones-Williams
Housing Assistance Corporation
1600 Rutland Avenue
Baltimore, MD 21213
(410) 675-0540 or (410) 664-3636

Grant #2875
Right of Passage College (RPC)
Helen Kay Heimmer
COPE of Brevard, Inc.
1948 Pineapple Avenue, No. 2-C
Melbourne, FL 32935
(407) 259-7262

Grant #2884
Illinois Department of Alcohol and Substance Abuse
James Long
205 West Randolph Street, Suite 1240
Chicago, IL 60606
(312) 814-4718

Grant #2902
Urban Youth Connection (UYC)
Steve Keel
Brookside Community Health Center
3297 Washington Street
Jamaica Plain, MA 02130
(617) 522-4700 ext. 298

Grant #2918
Partners-in-Caring
Mary C. Jackson
Family Service of Montgomery County
670 East Diamond Avenue, Suite A
Gaithersburg, MD 20877
(301) 840-2000

Grant #2924
Hispanic Youth Leadership Institute
Jose Martinez
Centro de la Familia
205 West 700 South, Suite 301
Salt Lake City, UT 84101
(801) 521-4473

Grant #3014
Sixth Sun Program
Angela Reyes
Latino Family Services, Inc.
3815 West Fort Street
Detroit, MI 48216
(313) 841-7380

Grant #3023
Poplar Public Schools
James Parker Shields
400 Fourth Street West
Poplar, MT 59255
(406) 768-3637

Grant #3026
Warren-Conner Development Coalition
Angela Brown
5555 Connor Avenue
Detroit, MI 48213
(313) 571-2800

Grant #3044
Family MAASAI
Jennie Trotter
Wholistic Stress Control Institute
3480 Greenbriar Parkway
Atlanta, GA 30311
(404) 344-2021

Grant #3047
Programa Shortstop
Virginia Adame-Corredor
Orange County Bar Foundation
18400 Von Karman, Suite 280
Irvine, CA 92715
(714) 851-2578

Grant #3080
Middle School Checkpoint Parenting Skills Program
Peggy Hendrickson
AuSable Valley Community Mental Health Services
1199 West Harris Avenue, P.O. Box 310
Tawas City, MI 48764
(517) 362-8636

Grant #3094
Youth Development Project
Alden K. Lanphear
Woodrock, Inc.
2234 North Front Street
Philadelphia, PA 19133
(215) 848-5213

Grant #3095
Teen-Team
Richard Birkel
Koba Institute, Inc.
1156 15th Street, NW
Washington, DC 20005
(202) 328-5700

Grant #3107
Prevention Through Interception
Shu Cheng, M.S.W.
Asian Association of Utah
28 East 2100 South, #102
Salt Lake City, UT 84115
(801) 467-6060

Grant #3537
Pasos Adelante
Christine E. Miller, Ph.D.
La Frontera Center
502 West 29th Street
Tucson, AZ 85713
(602) 884-9920 x220

Grant #3579
Bexar County Alternatives for Minority Delinquents
Maria Celina Serrata
Mexican American Unity Council, Inc.
2300 West Commerce, Suite 300
San Antonio, TX 78207
(210) 978-0545/0500

Grant #3585
Rhode Island Indian Council, Inc.
Christopher Camacho
444 Friendship Street
Providence, RI 02907
(401) 331-4440

Grant #3690
FACET
Henry M. Wood
Delaware Department of Services for Children, Youth & Their Families
1825 Faulkland Road
Wilmington, DE 19805-1195
(302) 633-2696

Grant #3714
Eagles H.R.Y. Prevention Program
Keith W. Lussier, Sr.
P.O. Box 427
Highway No. 1 West
Red Lake, MN 56671
(218) 679-3839

Grant #3846
LaFamilia Community Drug & Alcohol Prevention Project
Anthony Pereo
Bob Pacheco
Denver Alternative Youth Services
1240 West Bayaud Avenue
Denver, CO 80223
(303) 698-2300

Grant #3865
West Town Substance Abuse Prevention Initiative, Nuevos Comienzos
Myrta Robles
Chicago Commons
1924 West Chicago Avenue
Chicago, IL 60622
(312) 862-9352

Grant #3888
Project Connect
Lynn M. Troky
Boys and Girls Clubs of Metropolitan Philadelphia
1518 Walnut Street, Suite 607-608
Philadelphia, PA 19102
(215) 735-8818

Grant #4070
Drug Use Prevention Trial With African American Youth
Omowale Amuleru-Marshall, Ph.D., M.P.H.
Center for Health and Development, Inc.
101 Marietta Street, NW, Suite 3525
Atlanta, GA 30303
(404) 223-3222

Grant #4154
Prevention for Youth from Foster Care Through Family Advocacy
Department of Social and Health Services
Kenneth Guza
Mailstop 08-21W
Olympia, WA 98504
(206) 753-3847

Grant #4206
Comprehensive Prevention Center for High Risk Youth
Debra Hollis
Cornerstone Project, Inc.
P.O Box 5822
Pine Bluff, AR 71611
(501) 534-8608

Grant #4726
A Chance at Life (ACAL)
Raymond Whitfield
3030 Brightseat Road, Suite 204
Glenarden, MD 20706
(301) 773-6953

Grant #4729
Rites of Passage Program
Aminifu Harvey, Ph.D.
MAAT Center for Human and Organizational Enhancement, Inc.
5113 Georgia Avenue, NW
Washington, DC 20011
(202) 882-9744

Grant #4731
BE A STAR Substance Abuse Prevention Program
Lois Pierce
Department of Social Work
University of Missouri at St. Louis
8001 Natural Bridge
St. Louis, MO 63121
(314) 553-6384/5

Grant #4771
Project Self-Discovery
Harvey Milkman, Ph.D.
The New Dance Theater, Inc.
119 Park Avenue West
Denver, CO 80205
(303) 830-8500

Grant #4773
Family Advocate Project
Dana Fraticelli
Lake Tahoe Unified School District
1021 Lake Tahoe Boulevard
South Lake Tahoe, CA 96150
(916) 541-8935

Grant #4827
Highgate Youth and Family Services
Tom Howard, Executive Director
Washington County Youth Service Bureau
P.O. Box 627
Montpelier, VT 05601
(802) 229-9151

Grant #4838
An Afterschool Program for African American Youth
Ken Resnicow, Ph.D.
American Health Foundation
320 East 43d Street
New York, NY 10017
(212) 551-2518

Grant #4849
Busby School/Northern Cheyenne
Robert Bailey
Big Horn County, P.O. Box 38
Busby, MT 59016
(406) 592-3646

Grant #4860
La Familia Fuerte Project
Rosemary Hinojosa
8200 Brookriver Drive, Suite #N704
Dallas, TX 75247
(214) 630-8762

Grant #4865
Berkeley County KIDS (Kids Involved in Developing Success) Project
Brenda A. Nelson
229 East Main Street
P.O. Box 608
Moncks Corner, SC 29461
(803) 761-8600 ext. 336

Grant #4878
Substance Abuse Prevention for Asian Americans Project (SAPAA)
Alan Seid, M.D.
232 Gish Road
San Jose, CA 95112
(408) 578-9292

Grant #4936
H.O.P.E.
Hispanics Organizandos en Prevention Education
Alfred Monaco, Jr.
Department of Substance Abuse
P.O. Box 20363
Cranston, RI 02920
(401) 464-2380

Grant #4967
Rueben School Project
Silverstreet Community Project
Garrett Ingram Mitchell, Director of Community Development and Prevention
NCCADA
909 College Street, P.O. Box 738
Newberry, SC 29108
(803) 276-5690

Grant #4968
Competence Through Transition
Katherine Chan
300 Fourth Street, Second Floor
San Francisco, CA 94107
(415) 541-9285

Grant #4981
Person Plus Program
Julius Wilkerson
The Velocity Foundation
1001 Howard Avenue, Suite 3001
New Orleans, LA 70113
(504) 525-5464

Grant #4986
OASIS Program
Robert Jackson
Kansas City Public Schools
Kansas City School District #33
1211 McGee Street
Kansas City, MO 64106
(816) 871-2791

Grant #5020
ROCA
North Suffolk Mental Health Association, Inc.
Molly Baldwin
301 Broadway
Chelsea, MA 02150
(617) 889-5210

Grant #5031
Hmong Youth Pride Program
Le Pao Xiong
Hmong American Partnership
450 North Syndicate
St. Paul, MN 55104
(612) 642-9601

Grant #5032
Substance Abuse Prevention for High Risk Black Male Teens
Sharon Shaw
901 Marina Street
Nashville, TN 37206
(615) 227-1115

Grant #5037
Mission Hill Youth on the Rise Project
Dale Mitchell
Boston Housing Authority
52 Chauncey Street
Boston, MA 02111
(617) 451-1250

Grant #5074
SARDI
Jo Ann Ford
School of Medicine
Wright State University
P.O. Box 927
Dayton, OH 45401
(513) 259-1384

Grant #5135
Academic Career Community Enhancement and Latchkey (ACCEL)
James Rhyne, Jr.
Martin Luther King Jr. Community Services
511 South Liberty, P.O. Box 663
Freeport, IL 61032
(815) 233-9915

Grant #5148
Youth Plus
Craig LeCroy
Arizona State University
1439 East Helen Street
Tucson, AZ 85743
(602) 621-5651

Grant #5579
In Your Hands: Coming Home to Glide, the Extended Family
Janice Mirikitani
Glide Memorial United Methodist Church
330 Ellis Street
San Francisco, CA 94102
(415) 771-6300

Grant #6068
The Sunshine Project
Sheila Joyner-Pritchard
The Sunshine Brotherhood Community Foundation
2283 Baker Road, NW
Atlanta, GA 30318
(404) 492-5661

Grant #6239
Boston Youth Network
East Boston Social Centers, Inc.
John F. Kelly
68 Central Square
Boston, MA 02128
(617) 569-3221

Grant #6248
Albina Head Start
Ronald Herndon
Multnomah County Department of Health
3417 NE 7th Street
Portland, OR 97212
(503) 631-8035



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